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The RADICAL THERAPIST
A JOURNAL OF OPINION

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therapy means change not adjustment

manifesto

MANIFESTO

Why have we begun another journal? No other publication meets the need we feel exists: to unite all people concerned with the radical analysis of therapy in this society. It is time we grouped together and made common cause. We need to exchange experience and ideas, and join others working towards change. The other "professional" journals are essentially Establishment organs which back the status quo on most controversial issues. They support the anti-youth hysteria so prevalent today and stifle efforts for change. We need a new forum for our views.

In the midst of a society tormented by war, racism and social turmoil, therapy goes on with business as usual. In fact, therapists often look suspiciously at social change and label as "disturbed" those who press towards it. Concerned with maintaining and justifying current practices, therapy avoids moving towards making life more meaningful for all people. All this is no secret. Many people in and out of therapy fields agree the situation is intolerable. Why then does it persist?

Therapists by training, what we have been taught is increasingly irrelevant, and even destructive. Our notions of therapy are obsolete: elitist, male-centered, and obsessional. Our modes of practice are often racist and exploitive. Clinging to concepts often outmoded and rarely questioned, we insulate ourselves from the society around us and support the status quo. And we can do this very successfully. The therapist in this society is safe: he lives near the top of the heap, pursuing moneyed comforts, influence and prestige, while the rest of society is racked by violence and war. He buys land and boats while others die in the streets. Often he even seems unaware of the bias he perpetuates or of the oppression he enacts in the name of "liberation." Expert as he may be at analyzing intrapersonal forces, he is often ignorant about forces controlling the larger society in which he lives. This must be exposed and clarified.

Therapy today has become a commodity, a means of social control. We reject such an approach to people's distress. We reject the pleasant careers with which the system rewards its adherents. The social system must change, and we will be workers towards such change. But to be true instruments of change, therapy and therapists must be liberated from their own forms of oppression.

The Radical Therapist will be a rallying ground for all people concerned with this task. Therapy to us broadly encompasses all factors affecting the psychic well-being of individuals, families and social groups. We open our pages to all people with pertinent ideas about therapy today: to clients of therapy systems, therapists, and people in related fields.

We shall pursue the following points:

1) Providing a needed forum.

Therapy in latter 20th-century America must be redefined and altered. Many people across the country are willing to help in such a task. All that is currently lacking is a forum. The Radical Therapist will be that forum.

Therapy has political as well as professional aspects. Radical insights within the therapy fields can alter the way we define and carry out our work. Radical insights into the larger social order can show therapy's place within that order, and suggest how it can be a more effective force for change. At the outset, we acknowledge the uneasy tension between the words RADICAL and THERAPIST in our title. Yet many of us live daily with this tension and know only too well that it must be clarified.

Just as all people are potentially patients, so all are potentially therapists. All can attack the roots of emotional distress. We invite support from all concerned people, not just from a professional elite. We repudiate divisions among ourselves on the bias of sex, class, training, and status: we are more alike than different. Our common task is transforming therapy into a more effective popular system which can free those in distress instead of oppressing them.

2) Liberating therapy, therapists, and others.

Therapy is dominated by gradualist models which bolster the status quo. Even well-meaning people today find themselves trapped in a frustrating, dehumanizing system, from which they see no solution. The revolutionary spirit of the founders of therapy—Pinel, Freud, Reich—has been weeded out. Intending to liberate people from their neurosis, therapists today further "adjustment," social control, and the commercialized society. In spite of evidence from therapists themselves, the system remains unresponsive, bulky, privilege and stiff. Therapy notions are a tangle of midwife myths, fantasy, and outright bias. Therapy practices serves the free enterprize system. But contemporary therapy demands contemporary ideas. Sensitive to notions of "counter-transference," therapists can be amazingly blind to their own class, race and sex bias; and to the historical moment in which they live.

Therapy's goals need clarification. Many today are in emotional distress and seek help. What kind of "help" will they get? From whom? Towards what end? At what fee? Under what system? With what orientation? And who will guarantee the competent concern of their "therapists?"

Therapy today is a class phenomenon: a luxury for the well-to-do. Most people receive no such help, or are consigned to hurried, inexperienced therapists who rely mainly on drugs. At home with the affluent, therapy extends itself with suspicion to other social groups, and often tries only to regulate or determine their development. Therapists universally retreat behind the safety of a one-up "impartial" stance. The situation is unsatisfactory.

Therapy's insights must be reevaluated and altered, and then made available to people in ways which serve their goals. As a commodity on an open market-place, though, therapy is ultimately degrading.

Nor is it enough to pursue a medical model and try to develop popular programs to "treat the masses." Therapists must understand their place in the changing social and political reality; thus therapy must become more politically aware. No therapist, no person, can claim detachment from his social context. Each human act is a social and moral statement: a political fact. It then becomes important which values we hold and which of them comes first. This awareness must structure all radical therapy today: for liberation from within has to be accompanied by liberation from without.

3) Developing new training programs.

Therapists are groomed for elitist, frequently escapist and exploitive careers. Professional associations and journals legitimize such training, and the mass media tout its necessity. Yet current training perpetuates outmoded systems. In an age when everything is under question, therapy training bears down all the harder on those it teaches, as if this will abolish doubt. Hierachical systems obviate change; and training programs, like practice, tends to stultify and wound many people. The system is slow to respond to popular needs.

Artifical barriers are created everywhere: between senior and junior staff, between therapists from various disciplines, between "professionals" and laymen. Institutional rigidity represses the need for alteration, and men of good will are lost year after year within their labyrinthine tangles.

Training programs keep therapists apart and encourage false professionalism. Course-work in other relevant fields is lacking in every discipline. Psychiatrists lack training in psychology; social workers lack training in simple drug-use; psychologists lack training in sociology. All therapists lack training in politics, art, history and economics. which they vitally need today. Therapy is not a medical specialty, nor is it a branch of the social sciences. It is a field all its own, dealing with relationships between people; and as such it demands its own orientation and its own training programs which draw on the experience of all pertinent disciplines.

We need new training programs, not amended or expanded versions of what we already have. We need ten times as many therapy workers. We need to make better use of community resources and extend to more people the insights now available to the few. We need, not more of the same, but a wholly new approach. Finally, we need to examine the fee system which allows some therapists to obtain excessive wealth at people's expense.

Training must be de-mystified and made more open, more responsive, and more creative. New experiments are already beginning to challenge and redefine our notion of therapy. We encourage them and look forward to their results.

4) Elaborating a new psychology of men and women, and new concepts of family and community life.

The ways we live intimately with one another are changing. Yet much of this is poorly understood. We must look into ways in which unquestioned male-dominate ideas have influenced therapy, especially therapy of women. Men and women must both be liberated from rigid sex-stereotypes in order to develop their own potential. Deviance as a social diagnosis must not be confused with neurotic behavior.

We need to know much more about all this, for our old ideas are no longer appropriate. The nuclear family, so long revered and unchallenged now appears as simply the most common alternative for achieving needs for intimacy and raising children. We need to evaluate the other alternatives. Similary, we need to investigate the changing notions of men and women, as well as alternate modes of living. But unless we ourselves are freed from dogma and bias, we will never understand others who experiment with new ways. Instead we will see dangerous "sickness" everywhere.

5) Encouraging the development of more responsive therapy programs under client-control.

Despite all the task about "community mental health," therapists have done little towards considering the real health needs of communities. The community mental health movement is a fraud. It has never been in popular hands. Affording a crucible of power to ambitious professionals, it often offers but another form of oppression to the people. Professionals' needs for wealth, prestige and influence are satisfied, while distress in the community goes on as before. Yet the therapists money comes from the community. Bringing a skill in understanding human feelings to the community, he must learn to offer it as his clients need it, not as he would give it. More sensible forms of therapy, controlled by and responsive to community needs, must be devised and offered.

The community is its people: not the therapists, or the university, or the research teams, or big business, or the government. Therapists who enter the community may consider themselves part of it: but they cannot claim to know what is best for it. They cannot shape its needs. As radical therapists, our task is exposing the nature of current practices and pursuing new innovations in therapy services: decentralized, democratic, non-institutional, and popular. We can identify and channel grievances, and help stimulate action. This way we join the search for new ways of serving the community's needs.

More than communities are being violated. Therapists define what is appropriate and what is not, even while claiming to be "disinterested." They operate as forces for social control, weeding out deviance with the label of "mentally ill." Wherever it functions as an agent of the system, encouraging conformity, helping people "adjust" to the realities of exploitation, antiquated roles, and a casual dehumanizing ethic, therapy is an instrument of oppression. Such "therapy" institutionalizes and stigmatizes those whom society will not tolerate, numb minds, tranquilizers and antidepresses, electroshocks, disenfranchizes, diagnosis, ostracizes, psychologizes, and treats people as commodities and things..We oppose this from the core of our being. We denounce all "therapy" which dehumanizes and violates our brothers and sisters.

6) Encouraging new techniques.

We encourage the search for self-realization, singly and in groups, with the eventual goal of growth within communities. Growth can be individual as well as collective. We support new techniques and innovations in therapy, but we decry their use as middleclass escapist outlets or as vehicles for profiteering by some in our field. Effective techniques should be popularly available.

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IT'S GETTING BIGGER EVERY DAY.

MANIFESTO continued

New forms of therapy are important in our move towards liberation. They deserve sympathetic and critical evaluation, freed from insistance that whatever exists now is best. So long as innovations are honest and open and are not used to exploit people, we are interested in them. Moves toward group and communal experience, as well as individual growth, can help free us from inner as well as outer forms of repression.

At the same time, we are alarmed by the use of insights from therapy fields to extend institutional and governmental control, through required psychological tests for employee-applicants, innappropriate in depth interviews, and the use of therapists as consultant-engineers for third parties such as corporations, the military, and universities. Psychological innuendo in advertising is also questionable on moral grounds, and must be reexamined. Therapy cannot escape responsibility for the over-sexualization. of every commodity on the market; and for the under-sexualization of sex itself.

7) Confronting the way our society functions.

We are concerned with the social milieu in which we all live, and with its effect on psychological well-being. Thus we join the crusade against violation of our natural rescources: whether through encroachment on our minds by advertising, the mass media, stereotyped education, and outdated cultural myths; or through the blantant destruction of our environment's wholesomeness through air and water pollution, overpopulation, chemical and industrial waste, and unlivable cities. Our technology might create an environment free from scarcity and want, clean and aesthetically pleasing. Instead, it destroys whatever it touches.

Just as the rivers and lakes are destroyed by an arrogant, unfeeling technology, so our sense of humanness is barraged daily by the mass media. Advertising and the consumer-economy make every person a thing. The measure of success becomes accumulated objects, wealth and notoriety; not the well-being of one's family and self, community and world. We must realize that many people called "mentally ill" have been socially traumatized by our society, which creates and exacerbates emotional suffering. While we do not pretend that all mental suffering is socially caused, we are alert to the social and political roots of much of it. Failing to pursue this would be negligence and complicity.

Beyond the environmental ruin and the consumer-economy lies the constant presence of war. Breaking out now on many fronts at once, war's results are always the same: destruction of people, killing and maiming, disruption of family and community life, violence, brutality, senseless suffering. The internal ills our society now experiences have already "brought the War home." What we practice internationally, we now suffer nationally and locally. We are all affected by such brutality, and by the ultimate madness of our nuclear weapons. Unless we as therapists and people can look beyond "professional" issues and approach the social and political roots of suffering, we act as unknowing agents for the established order.

In the midst of social upheaval the Radical Therapist allies itself with those working for needed change.

Essentially, the Radical Therapist seeks to bring together all people concerned with looking at therapy in today's society. While drawing on therapeutic tradition, we should de-professionalize and de-mystify therapy work. Our view of existing institutions is radically critical: but then it is no secret how bad things have become. We will make people aware of the situation, and pursue programs for change. In this exciting venture, we invite support and participation from all who help us redefine therapy and make it more responsive, meaningful human pursuit.

Michael Glenn

strategy for radical pschologists

--peter wolf

This paper by Peter Wolf originally appeared in the PDS newsletter. He is a graduate student in psychology at NYU.

It is time to develop a political strategy to guide out activities. Otherwise we lose ourselves in busy-work.

My own belief is that a socialist revolution in America will only occur after vast numbers of people are radicalized. While actions by militant groups may help advance this process, all America isn't going to drop their social and economic roles and become 24 hour a day radical militants. Nor can most Americans relate to these groups in any meaningful way. Transformations must be brought about from within the communities that directly engage people's lives at present—communities of work, residence, and social interaction. We are not in a revolutionary stage, but at best in a pre-revolutionary one. When the system becomes unable to contain its contradictions, at some time in the future, then we will turn to fascism or socialism, depending on how well radicals have done their job.

I will first mention some general points about political organizing in our community, and then suggest some possible projects related to overall strategy. First, our organizing as psychologists should be concentrated on the groups we share occupational, service, social and personal ties with, rather than on those who consider us alien invaders, out of touch with their own experience. Thus, students, faculty members, hospital and clinic workers from all strata of the working class (including our own), and the population served by our services are our constituency.

Second, when we organize our own people, we should start with issues relevant to their felt needs. As psychologists we must approach our people about the meaninglessness of our work, its misuse, the funnelling of research and service funds—and thus our work—by granting committees; and about how our understanding of people and events is distorted by the ideology around us, which splits explanations of individual behavior from the social and political context in which it arises. We should also point out how psychology can be a creative and humanistic endeavor, both in advancing the struggle for human freedom and in creating a new society. If we establish such a link between our present work-identity and the political identity we hope to develop, we can be successful. If not, our people will ignore us.

Third, as radicals we should not equate radicalism with militancy; the latter is merely a tactical issue. Reading a book or talking to a group of friends about their own domination may be a more radical act than 'offing the pigs,' since the measuring rod is whether we are radicalizing people, not how much petty annoyance we cause in mosquito-biting the state. We must take our people where they are at. If we alienate ourselves from our constituency, we are irrelevant to them, and we become a they as far as they are concerned.

Finally, radicals must be up front with their politics when fighting for specific changes. Radicals did a service for the industrial workers during the union struggles of the 1930's, but since they rarely pointed out the real nature of capitalist America and its alternatives, they became irrelevant as soon as unions became effective bargaining agents within the capitalist framework. The crucial role for us is to point out connections between subjective feelings, immediate material conditions of oppression, and the nature of the state. It is not an action's militancy that shapes people's consciousness, but the interpretation of their felt experience. Regarding state power and control, we should emphasize struggles over control rather than over reformist concessions which legitimize the present power relations. As psychologists, this means pointing out how these hours we spend at work and at home feeling and being oppressed are a necessary product of decisions made by NIMH and HEW, as bureaucratic extensions of state power.

Turning to the practical side of things, I will concentrate my remarks on the University, since that's where most of my experience lies. However, the chief issue is the same, within and without the university: control of decisions which affect our lives.

Psychologists in hospitals and schools should engage in struggles for real control by workers, patients, children and parents in the institutions and their communities. As radicals, we should constantly strive to extend awareness of oppression to its real source, those who run America and control its institutions. We should interpret their unfulfilled promises and co-optations not on an individual basis alone, but as a political reality.

Struggles for control of universities and departments should center on the felt deadness and irrelevance of academic life and relate that experience to the role of the state in ordering our lives. A group could do several things on a campus. Regarding curriculum and research, it could push for study of ways social-economic-political structures shape the individuals living in society; how individualism, cooperation, alienation, sex-roles, and particular character types arise in society and meet its needs; the monogamous family and its alternatives; and the psychology of political movements. Struggling for a more meaningful curriculum engages the support of students fed up with irrelevance, forces the faculty to reexamine its preconceptions, and exposes power relations in the university and the larger system itself.

Groups might also expose how psychology is used by the military and industry to oppress people. Many psychologists may be against the military-industrial complex, but fail to see how they function to serve its needs.

Politically-oriented encounter groups can help students explore their own feelings about political involvement and commitment.

One other issue is important. Radical psychology can play a vital role in understanding social-psychological phenomena and social change in twentieth-century America. Without some vision of the reality of a new society, based on a rigorous and unromanticized analysis of the human condition, the radical alternative will appear as wishful thinking to others. For our own sake, to prevent the dreams from becoming nightmares of a new repressive existence, we must become more aware how structures, institutions, and organizations shape human relationships. Capitalism's collapse guarantees nothing any better: it just gives us another chance. We must also develop a theory of change and ways of radicalizing people that don't depend on economic collapse or impoverishment. Alienation, the decadence of American capitalism, and racism are at this point more responsible for the movement's existence than is economic exploitation. They must be central to our theory of social change. And, lastly, we must be able to deal with the profound despair in America, which affects everyone.

radical action in mental health

--tom harper

Tom Harper is one of the leaders of the Radical Caucus of the APA.

Health professionals, including some who consider themselves radicals, are easily diverted into reformist activities that lack radical potential. One reason for this may be that health reforms have been so long held back in this country, especially provision of services to the poor. Throughout this paper, I shall try to delineate radically relevant kinds of action from mere reforms.

The Mental Health Professions offer radicals an unusual diversity of opportunities, particularly if radical action is seen as broader in scope than merely the gathering of sufficient forces to overthrow the capitalist system in one cataclysmitic operation. Four areas of action suggest themselves:

1. Organizing of health services. The radical mental health professional, along with his counterparts in other health fields, can serve an essential role as technical consultant and sometimes as instigator in the organization and operation of community-worker-patient controlled health programs and hospitals. Health facilities, especially those in ghetto areas, lend themselves readily to community control and to employment of unskilled community residents with opportunities for career advancement and worker participation in policy making because of the important therapeutic role in relating to patients that can be played by non-professional aides with the help of in-service education. But how radical is community-worker control in the health field? One answer is that if a shift of the power base of society is a radical goal, then this kind of control fits the definition in its function of confronting and chipping away at the local power structure. Furthermore, it can serve as a model for post-revolutionary social structure. Advanced mental hospitals have already demonstrated that participatory democracy within the institution promotes recovery of patients and markedly shortens their stay.

2. Work within academic institutions and professional organizations. Opportunities for radical teaching and organizing and for support of radical student actions within universities and professional schools are similar to those in other professions. The same is true for the formation of radical caucuses within professional organizations, both local and national.

3. Research, scholarship, and public education. I have made this a separate heading because in his role as a behavioral and social scientist of other disciplines, the mental health professional, in collaboration with social scientists of other disciplines, can make social change itself the target of his study. If we view illness, whether physical or psychological, as an indication in the last analysis of maladaptation of an individual at one or more stages of his life to his social environment, then it becomes clear that preventive, and often therapeutic health measures concern themselves primarily with the structure of society and the role assumed by the individual within that structure. The pathogenic effect of the environment may range from depression in a welfare mother lacking the essential resources to provide for her family, to advanced heart disease in a business executive stemming from excessive pressures within his childhood family structure and mediated through a complex of psychological-physiological interactions. The vast majority of mental health professionals hold liberal establishment political views. There is still a strong tradition which opposes involvement in social and political issues in a professional role, even where the issue at hand is well within the realm of professional expertise. Those whose opinions are sought on such subjects as violence, drug use, and campus rebellions almost always present the establishment view. Radicals in the field could perform a valuable function by joining with a minority of liberals in presenting public statements opposing the mainstream positions.

4. Clinical services. The mental health clinician, with techniques ranging from Freudian psychotherapy to sensitivity group leadership, serves a basically educational and reeducational role in his work with troubled individuals, and families, and in some cases as a consultant to institutions or for whole communities. Whether a given case results in radicalization, pacification within an unhealthy society, or merely humane relief of suffering depends upon the orientation and skill of the clinician and the radical potential of the subject. The radical clinician does not dictate values or prescribe social roles to his clientele. However, he cannot avoid transmitting something of his values and beliefs. Thus by assuming a humane and non-authoritarian attitude toward his client, he provides a model with which the latter can identify. He can present the role of political radical as an alternative choice, whereas the mainstream clinician consciously or unconsciously prohibits the adoption of such a role. Youth whose role identity is not yet formed, and non-whites and poor whites, who find their role oppressive, are the groups most readily moved toward a radical role. For example mental health consultation with a black community around the problem of underachievement in school children might result in a movement toward community control and radical alteration of the educational system. Or an adolescent freaking out on drugs might be helped to find a new and more satisfying role as a radical activist. Such 'counterinstitutional' operations can provide an alternative to mainstream clinical services, which have become notorious in their support of the status quo. Consultants to establishment institutions such as schools and colleges, courts, penal institutions, police forces, and industrial concerns, are special culprits in this regard because they almost invariably reinforce and justify the oppressive policies of their employers against the people served. To be effective as consultants, radicals must select from among the small group of radical leaning institutions. The value of clinical services to Movement individuals and groups should be mentioned. While of vital importance, they are necessarily limited in scope and in revolutionary appeal.

READ THE PDS NEWSLETTER

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KEEP IN TOUCH WITH OTHER MOVEMENT GROUPS

P.O. Box 427. Stuyvesant Station. NYC

psychiatry : instrument of the ruling class

--richard kunnes

Richard Kunnes is a 3rd year resident at the Albert Einstein - Bronx State psychiatry complex, as well as a political activist.

'Health is a state defined by an elite'
—Marcuse.

The major theme I wish to present is that psychiatry, its programs and professionals, supports the U.S. ruling class and its imperialistic system. And when psychiatry isn't specifically supporting that system it's supporting itself. Psychiatric services help, allow, or force people to adjust to an often repressive system. And adjusting is only one aspect of it. Psychiatry also tends to maximize worker productivity and minimize political dissent. When they are available, psychiatric services often control and socialize people.

The adjustor in the 'new psychiatry' is not one person but a team of corporately functioning experts—urbanologists, economists, architects, penologists, etc., not the entrepreneurial psychiatrist alone. The people receiving services have no role in determining services and priorities. Decision-making is from the top-down, not from the bottom-up. Sophisticated management smoothes over the violence and repression lurking behind the facade of benevolent psychiatry service.

The role of a radical health professional is virtually contradictory. How can a person be radical and professional at the same time? Probably he can't; but he must attempt to minimize the contradiction by deprofessionalizing himself and the services he renders. Certainly it is difficult to expect those with the greatest stake in the system to be in the vanguard to change it: it has happened only rarely. Yet the professional should consider himself a worker, serving the people as an equal in a non-repressive consultative way, his services controlled by the people who receive them. If services are not publically accountable, they become mystifying and monopolistic: another way of exploiting people. The therapist who wants to help the community regain its independence and assertiveness will be responsive to its needs, not his own. At least that's what the recipients of his services, the people, want of him.

Psychiatry has remained a prisoner of the medical model ever since its inception. Because of required medical school training, psychiatry has been a monopoly profession controlled by physicians, and thereby excluding thousands of potentially capable therapists from full accreditation. Once psychiatrists gained control of mental health services in this country, they retained their monopoly through control of licensing, certification and training programs. Even so, they provided no training in sociology, anthropology, political science, economics, social psychology, or even large areas of general psychology such as behaviorism and learning theory. Yet the profession has been accountable to no one but itself.

Quality control of mental health services differs from quality control of medical services. Diseases and poor health are more definable and accessible than 'mental illness', and thus their treatment is more accountable. But no one to this day can say with certainty what 'mental illness' is, still less what should be done about it. In spite of this, psychiatrists, emphasizing their professionalism in a mystifying way, have set themselves up as experts in a field without guidelines. Adhering to medical models, psychiatry defines mental health centers as hospitals, thus indicating that physicians are to lead the treatment team. Psychiatric training is also modelled on medical lines, and is thus essentially twelve years long. Longevity and training expense insure that psychiatrists will be available only in limited numbers, thereby limiting competition for the patient market, and assuring that psychiatrists will be predominantly white and upper-middle class. Yet competent psychotherapists can probably be trained in twelve months.

Compared to other medical specialties, the discrepancy between supply and demand for services is far greater in 'mental health' treatment. The first step in solving the manpower problem would be for psychiatrists to stop acting as an elite monopoly class and transfer some of their professional skills to other health workers. But psychiatrists fear doing this, because if they transfer skills, they might have to transfer not only responsibility, but authority, power, control and money to others. As it stands now, the psychiatrist is an executive in a corporate bureaucracy, with more and more 'ancillary' personnel beneath him. His position is one of power.

Recent developments in community-based treatment, however, have shown that non-psychiatrists—and even non-professionals—were able to give therapy care to some people, at a quality equal to psychiatric treatment. In fact, such non-professionals often know better than the psychiatrists what the community really wants. Thus now the indiginous workers have formed an alliance with their community, demanding community/worker control of the community mental health center. The fight has just begun: not just for salary increases and more hiring, but for total control of the institution. The struggle resembles class warfare: the psychiatrist is seen as an instrument of 'pacification' and 'counter-insurgency'; the sickest and poorest are given the shabbiest treatment.

None of the above says that psychiatrists are any more power- or profit-hungry than any other professional elite. It says that services controlled by an elite ultimately serve only that elite, and not the masses of people needing care.

Another aspect of the situation is that the individual 'patient' can always be defined as having the problem, not the society or the economic system which ultimately defines him. For example, in schools, prisons, the military, etc., the professional can use his privilege to label the patient and place him outside the social structure. To perform consulting services in such institutions is to support and rationalize them. Staying within his licensed, professional role, the psychiatrist may seldom consider that the economic and social system is 'sick', instead of the individual patient. But once he does consider the social causes of emotional distress he may find such causes less responsive to psychotherapy than to political action.

The role of the psychiatrist working in the community then becomes delineating and articulating how the society is causing distress to its people. His professional training hasn't prepared him for such activities—just the opposite—which is why his training is part of the problem. But he can no longer pass off problems by saying they are political and beyond his realm of expertise: no one was trained to deal with them; he must innovate.

In a way my critique of the profession is irrelevant. Even if it were to institute major reforms within the system, the basic causes of mental suffering would still remain: the social and economic system itself and its consequences.

This can be seen in the history of the 'community mental health center' movement, which originally began as a derivative of the need for more humane mental health services. It soon began to function as a pacification program, particularly as 'law and order' issues became more popular, and it seemed politically profitable to 'keep the natives down.' As J.M. Statman points out (1), pacification produced by massive armed force 'represents only one and not necessarily the most effective means of inducing obedience.' Often only minimal force proves to be the most effective. This may be especially true if such force is presented in a form which is not readily perceived as coercive, or which in fact is seen as helpful by both the agents of oppression and the oppressed. The mystification of experience which accompanies the acceptance of such 'kindness' creates a form of oppression far more destructive than that of the armed occupier. Thus, in the urban ghetto and elsewhere, 'it is the social worker, the psychologist,' the educator and the psychiatrist who have become the 'soft police.'

Community mental health programs which serve to pacify a neighborhood, particularly a ghetto, are thus functionally racist. They 'mystify and mollify justifiable outrage and thereby prevent action for meaningful change.' By directing community concern toward problems of 'mental health' and away from 'efforts to confront the basic oppressive institutions in our society, such programs function to maintain the status quo, rather than to advance the interests of the oppressed community. What is true for publically-funded programs in the ghetto is true in other communities as well, though less dramatically.

In any form, I think psychiatric services will be inadequate and inappropriate so long as they are delivered in the present political context. They simply serve, enhance and support the system. Nothing short of a revolution in our society can enable psychiatry to be practiced in a non-repressive manner. To be therapeutic now, we must politicize everyone we are in contact with. Integrating a patient psychologically and socially is integrating him into a racist and sexist society. The more we do this, the more we serve the system which destroys us. The only solution is change.

1. Statman, J.M., 'Community Mental Health as a Pacification Program.' American Journal of Orthopsychiatry, March 1970, p. 274.

are the mental health professions relevant?

--irving and marian weisberg

Irving and Marian Weisberg work at Hillside Hospital in New York

Are the mental health professions developing relevant responses to the pressing social problems of the day? It seems we want to put ourselves forth as professions which are contemporary, liberal, and with special expertize in providing models for analyzing current social issues. How we understand youthful dissenters, for example, brings this into focus.

The Models We Use

The models used for investigation of today's youth are by and large traditional, clinical models. The clinical model --studying individual or group pathology-- is an outgrowth of the Medical-Psychiatric one, which focuses on pathology for the purpose of 'healing' --and ultimately of altering and controlling behavior. Although this method may render important information about individual functioning, it is hardly adequate in explaining the complexities of our society's present political ferment, of which the movement among youth is merely one expression. To reduce such complex phenomena to individualistic terms --studying case histories and backgrounds of individual activists, or student militists 'telling it like it is'-- tells us nothing about why youth are in transition, and is based on an assumption that those who are miltant must be questioned, rather than questioning the underlying causes leading to their militancy.

Questions about goals.

Our study of today's youth --as well as all our attempts at relevancy in our work with minority populations-- has the built-in implication that pathology exists, and ultimately must be controlled or altered. If the ultimate goal of the mental health professional is to explain existing behavior, we are doing it badly, and backwards! If the goal is altering or controlling such behavior, we need to ask: 'In whose service?'

We are Part of the Power Structure.

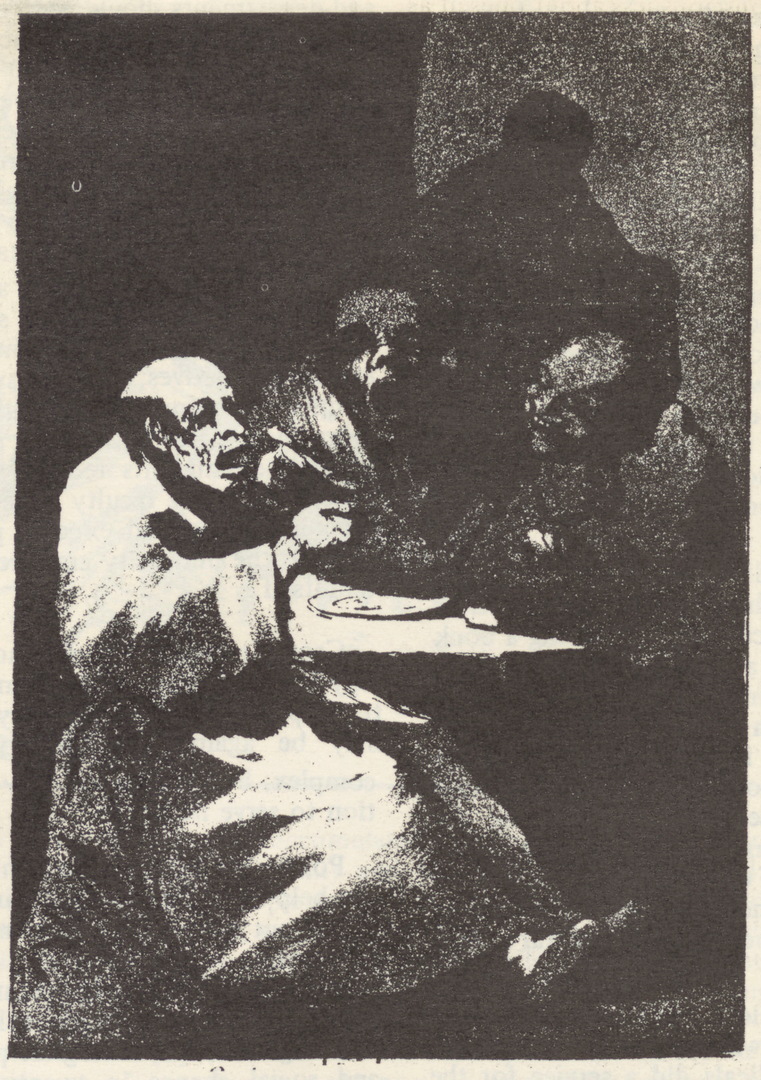
The delivery of clinical services, as well as research, is licensed, financed and sanctioned by the power structure. An analysis of who is served and who is studied suggests that the mental health practitioner does indeed serve the established order. We deal rarely with societal causes for maladaptive behavior. And often we are spokesmen for the subtly repressive elements of our society who attempt to neutralize significant social and political dissent. Too often, our response to the angry outcries of the militants is 'acting-out behavior!' or 'adolescent rebellion!' or 'paranoia!'

What is insufficiently understood in the relationship between the treater and the treated, is that the clinician --himself a functionary of the establishment-- is exploited and oppressed by his own role in the system. He is no more liberated as subject, than is the object of his work.

The Illusion of Freedom.

If we are to operate under more than the mere illusion of freedom, we must question the eventual social goals of our work. Is our work sanctioned by an established order whose primary interest is social control? Have we identified with the oppressor/repressor in a system where social control is ultimately in the service of maintaining an inequitable distribution of the goods and services of that society?

As mental health workers, we must begin to question: and create a new consciousness and awareness about our role in this society.



feminism and its implications for therapy

--judith brown

This is a revised version of a talk Judith Brown gave to a Child Psychiatry Seminar in Gainesville, Florida. She is a Research Associate in the Department of Psychiatry, University of Florida.

A number of social movements have arisen today: the movement for black power, for recognizing the needs of the poor, for ending the Vietnam War, for a healthier environment, and for female liberation. Our technology speeds these movements' development and inculcates many of their ideas rapidly into the mainstream of American thought. A holistic approach to a patient today requires the therapist to have a familiarity with these movements and an appreciation for their effects.

Female patients fill many beds in medical and psychiatric units. They form the majority of therapy patients in the country. Their involvement with children can not be exaggerated. Their participation in all forms of therapy work is increasing. And the consciousness of the American female today is being radically altered, both by the changing forms of our social era, and by the deliberate efforts of a social movement.

My purpose here is to describe the women's movement as I understand it and to suggest a few implications for psychotherapy. I shall discuss several categories of women's groups briefly, and then discard those which I think are outside the feminist movement, while isolating the core-group which, I am convinced, is making social change worth the attention of all therapy workers.

Political Women –

In this category fall traditional groupings of women with divergent goals. The league of women voters, democratic women's clubs, Coretta King's Woman Power group, and even the leftist Women's Strike for Peace share significant features. Despite their all-female composition, their purpose is not to alter traditional male-female relationships.

Liberal Feminists

To be a feminist is to have a large measure of self-consciousness about oneself as a woman, to be aware of patterns of male domination; to develop a certain esprit and political affection for other women; and to work with them for social change affecting women in this society. The liberal feminists share a desire to reform society and improve the status of women. NOW functions like the NAACP legal defense fund in seeking legal
fense fund in seeking legal equality for women. Groups concerned with liberalizing birth control and abortion laws understand that women have less control over the consequences of their sexuality than men; they want to equalize this and free women for independent sexual behavior. Professional groups of women are beginning to offer scholarships to female students only, to join in attempts to raise the status of certain female occupations--as we are witnessing in the 'revolt' of the nurses--and to seek at least one woman in every corporation. The activities of political women and liberal feminists will not effect radical changes in our society.-- They have, however, provided a climate for the development of a social movement, in the same way that better educational for blacks has accelerated the emergence of a militant movement for black equality.

Black Revolutionary Women's Groups

These groups are difficult to place in this schema. They share features both of political women's groups and the consciousness-raising of the radical feminists. For now, black feminist groups function as auxiliaries to black power male militants. But the emphasis on black female consciousness is already causing some difficulty in the radical black movement, as black women begin to consider the proposition that the oppressor, 'the Man,' may wear no special coloration.

Radical Feminists

Social movements arise from a breakdown in the normative order, out of frustration, deprivation, and hope, and out of dysfunctional communication. But the social movement is characterized by additional unique features.

Individuals act in awareness of their group membership. The movement has specified goals which it intends to pursue with the power of organized, adversary group behavior. It is self-conscious about its style and about its disaffection with the social context in which it operates. Very often, the social movement institutionalizes emergent norms, held by large segments of the society which cannot be obtained through ordinary conflict-resolution models of social change.

Most radical feminists in this country derive from other social movements. We participated in the development of the civil rights movement and the anti-war movement, and we held a new left philosophy. We can perceive frustration and deprivation and identify hope, and we are aware that traditional norms of male-female relationships are inappropriate to the changed values we women now hold. While woman is still forced to play a subservient obsolete role, recent social history has liberated some of her time and energies, and made it possible for her to take a more equal place in society.

Knowing the history of Woman Suffrage, we can identify the points where that movement lost its steam, and now are careful to develop organizing techniques and theoretical analyses which can maintain the viability of a new feminist movement. There is great emphasis on female consciousness. Male domination, capitalism, psychiatry, and the mass media are popular targets.

While radical feminists differ about priorities, we share a desire to make serious changes in the economic and cultural fabric of North America; and, because we know the subservient role women have played in third world revolutions, we are also careful to design a movement which, while assisting some of the aims of the male left, does not further a new order in which women still retain their heritage of oppression.

This younger, radical movement is already having a profound influence on the liberal women's organizations, on political women, and on the content of female consciousness in this country. For that reason, I would like to focus on its program and beliefs and then turn to the implications of this movement for therapy.

The paper, 'On Passing Two Whores and a Nun,' encapsulates the major features of radical feminist thought. It begins with a description of a revelation of female consciousness: the young writer becomes aware of the extent to which she shares a prostitute life with other women. She views commercial cosmetics with alarm: a conspiracy of the media. She recalls the stereotype of the Negro in America and sees many analogies in her own experience. In her discussion of liberal and reformist men, she outlines a pattern of male domination which she views as of equal oppressiveness with the patterns of racial domination. She recognizes that assertive, independent, or exceptional women are often charged with being 'uppity,' or 'out of their natural places.' She observes that women are forced to play a dual role: on the one hand they are expected to fulfill themselves in the male arenas of education, work, thought, and art; and on the other hand, they function as props to male egoes. Heather Dean attacks what she believes is a master-caste ideology, her interpretation of Freud's penis-envy theory. She believes her own liberation is inextricably bound up with the cultural liberation of men, and with an economic revolution which instills meaning in work, and provides jobs for all people. She feels an identity with other women, a restored affection for them; fears alienation; and wonders what style of life she can adopt without becoming a homosexual - which is consonant with her new political and cultural awareness. All of theses issues which Heather Dean touches on are part of the analysis and program of the radical feminists. Since these issues are planks in the platform of the feminist social movement, it will be helpful to look at each briefly.

Female Consciousness Raising

The radical feminist echoes the black power movement in urging women to become attuned to the unique nature of feminity: female is beautiful. She urges women to stop battling each other over men--as the highest prize--and to recall their own history, their own heroines, and develop their own power. This consciousness raising also involves careful identification and dissemination of patterns of male dominance. Thus, such male strategems as the 'two-cop routine,' the 'interruption of discussion,' the 'premature apology,' and the 'purposeful misunderstanding' have become common knowledge in the female left.

We believe, that male-female relationships are no more personal than any relationship between a master and a slave. Thus, problems in the relationship should not be viewed as idiosyncratic-- to be solved by psychiatry--but rather as problems evolving from a political relationship in which the male holds all the cards.

For example, physicians are familiar with what is called the Tired Mother Syndrome. The formulation draws on the personal history of the particular female patient, and the treatment plan usually involves a combination of vitamins, admonishments to get more sleep and recreation, and for middle and upper class women, suggestions about taking night classes or joining a women's group. We say that the woman presents with a Tired Mother Syndrome because the male order provides no institutionalized form of relief from her chores. She is overworked, under rewarded, and politically powerless to get up and move. She suffers from no personal physiological deficiency or lack of interest, any more than does the illeducated, poorly employed black men. Like the Negro who wears an African haircut, the radical feminist is beginning to show emblems of her commitment: 'natural' hair, no shaving of the legs or under the arms, no brassiere, comfortable dresses, etc.

The Black Analogy

We draw heavily on the black analogy, insisting that white men have developed a consensus with regard to both female and blacks:
1) women and blacks are of inherently inferior and alien mentality. Their minds are vague, almost inchoate, and bound by their personal experiences (scatterbrained or just dumb). They are incapable of truly abstract, incisive, logical or tactical thinking.
2) Despite or perhaps because of this inferior mentality women and blacks are happy people. All they ask out of life is a little attention, somebody to screw them regularly, second-hand cadillacs, new hats, dresses, refrigeratiors, and other baubles.
3) They do not join mixed groups for the stated purposes of the groups but to be with whites or to find a man.
4) They must be protected, cared for, and carefully guided to proper behavior so that they do not risk the retribution of white racism or male chauvinism. A 'Good nigger' and a 'real woman,' the radical feminist argues, behave very much the same way.

Male Domination

Even in radical political groups, the female is relegated to stamp-licking, secretarial task, and other statusless forms of participation. Male domination is necessary, we conclude, in a society which dehumanizes and belittles men in their work, and which consistently renders most men politically powerless to make the fundamental decisions affecting their lives. The wife and the family become a sacred domain in which he can strut and fret his hour, relieved of the constant overt challenges to his competency and sense of mastery.

The Media

We argue that the media are prime instruments for female oppression. Women are the great consumers in American society. By linking femininity to innumerable and diverse products, consumer goods move faster. But the subservient, mindless image of the female is perpetuated. Never does a 'feminine' woman have completely unquestioned political power in the t.v. dramas. Even the brightest heroine is always matched with an even brighter male protagonist. Collective female behavior, as portrayed by the media, is usually silly, hysterical, or ineffectual. When documentaries describe female political or humanitarian behavior, it is always cast parallel or subservient to a larger male organization or aim. The radical feminist would substitute new images of women in female journals, television, and the movies. And it should be no surprise to learn that one of the emergent female liberation groups is being formed by female movie stars, led by a former Miss America. Radical feminists are beginning a new mass-produced journal, designing feminist post-cards and posters, and making feminist film strips and movies to combat the media.

Socialism

Socialism holds out several redeeming features to the radical feminist. We assume that, were men offered unlimited work opportunities which held meaning for them, they would not need as much to play George to our Marthas. We assume that ready availability of free child care centers, communal eating places, and so forth would free us for outside work and less repetitive endeavors. Our vision of socialism is inherently humanitarian, and we believe that an end to the war and other male-implemented forms of brutality would humanize domestic political and personal relationships.

Therapy

While psychotherapy is not the most odious institution to the radical feminist, it falls under constant seige in the literature of this emergent movement. With widespread black consciousness the black begins to fear the white psychotherapist, and mistrusts the motives of those who seek to curb his aggressiveness with psychotherapy or medication. Likewise, the radical feminist interprets her own, or her associates' encounters with 'therapists' with suspicion. 'She wonders if they only seek to accommodate her to a subservient role. Even when the therapist urges her to show a little 'spunk' she suspects that her 'pathological' lack of initiative makes her unattractive to men, and the implication she draws is that all her problems will be solved by 'a good screw.' She has heard too many psychiatrists prescribe more make-up, improved birth control devices, or pep pills as a means of lifting her out of a depression.

Some Implications for Therapy

I want to give a few examples of how this social movement bears on therapy-work.

Research

Until recently, rigorous investigations of the cognitive differences between the sexes have been hexed with a sort of liberal taboo like the study of race differences. Presumably, women and blacks were being saved from humiliation by a liberal establishment which was at least in pretence willing to grant that aside from color and sexual anatomy, they differ from white men in no significant aspect. The failure to pursue controlled studies is compensated for by a wealth of anecdotal material about female mental illness. Who is being saved from what?

If the radical feminist movement instills female consciousness, as has the black power movement, it is likely that therapists may diagnose as purely 'psychological' reflections of an apparently aberrant but widespread emerging viewpoint.

Treatment

Treatment takes serious account of the kinds of roles the patient will be required to fulfill. General treatment programs which are designed with traditional male and female roles in mind may impair function in women operating in new sociological territory. The tendency to prescribe more medications and less psychotherapy to blacks and the poor may have its parallel in sexual inequities in treatment programs.

Patient Care in Hospitals

An example of an emergent female consciousness close at hand is the 'nurse's revolt.' Burston notes that on medical units the nurse is often the real referral agent for psychiatric consulation, although the internist signs the referral request. Because she works closely with patients, the nurse is in a particularly favorable position to detect psychopathology early and to initiate a request for consulation.

The nursing profession is winning for itself increased status and an extension of previous responsibilities. The impact of radical female consciousness on nurses may have significant implications for patient care.

The need for community mental health programs demands that therapy-workers become social scientists and even social engineers. Psychiatrists now study social phenomena like the Detroit Riots as they progress. In such encounters therapy recognizes the interrelatedness of the sociocultural and therapeutic. One Detroit psychiatrist puts it this way:

Psychiatry, in particular, may understand these matters because its daily work it to translate the irrational into the rational and understandable. To many Americans an uprising of black people in an affluent, democratic, Judeo-Christian nation seems as incomprehensible as the nervous cough of Freud's hysterical patient Dora did in 1905...So the occult becomes reasonable despite the 'astonishment and horror' which Freud says his explanation stirs in the reader.

Many therapists share the socio-psychiatric view which Freud stated: 'that the pure gold of psychotherapy must be alloyed with material support.' Recognizing changing social styles and ideologies helps the therapist perform his still central task: to provide care for other human beings.

1. Dean, Heather, 'On Passing Two Whores and a Nun.' Published by the Women's Liberation Center, Washington, D. C., 1968.
2. Jones, Beverly, 'Toward a Female Liberation Movement, Part I.' Published by the New England Free Press, 1969.
3. Burston, B., 'The Psychiatric Consultation and the Nurse.' Nurs. Forum, 2(4):7, 1963.

the other side of the oedipus complex

--kenneth keniston

Kenneth Keniston is Director, Behavioral Services Study Center, at Yale. His books The Uncommitted and The Young Radicals have spoken cogently to the issue of youth in our society.

What Richard Poirier has termed the 'war against the young' is being fought not only on the streets and the legislatures, but in the scholarly world as well. In the last two years, a series of critiques of youthful activism have been authored by men like Lewis Feuer, Sidney Hook, Bruno Bettelheim, George Kennan, Zbigniew Brzyznski, Robert Nisbet, and John Aldridge. Rarely a month passes in the pages of Encounter without a new attack upon the student movement. Together, this body of work, while far from consistent, is beginning to provide intellectual respectability and ideological underpinning for the rejection and even repression of student protest. It will be receptively read by state legislators, back-lash faculty members, Attorney General Mitchell's office, and Governor Reagan's staff.

One characteristic of almost all of this literature is its use of psychological explanations in an effort to discredit the validity and sincerity of student activism. Thus from Bettelheim we learn that the problem is the prolongation of adolescence and unemployability of the radical young; from Aldridge, that affluence and permissiveness lie behind the 'slackness' and illtemper of students. But perhaps the most common theme in the reductionist literature on student activism is the theme of 'Oedipal Rebellion'. This argument postulates Oedipal origins for the revolt of students against existing institutions and values, and implicitly or explicitly seeks to explain student protest as 'nothing but' its presumed intra-psychic roots.

The comments that follow are a rejoinder of just such an argument on the part of two psychoanalytically-trained psychologists. At the 1969 meeting of the American Orthopsychiatric Association, Drs. Ben Rubenstein and Morton Levitt organized and led a panel called 'The Student Revolt: Totem and Taboo Revisited'. Their paper, which has not been published, admitted the validity of some of the causes espoused by the young, but devoted itself largely to a psychological analysis of the presumed 'Oedipal origins' of the youthful revolt. Dr. Robert Jay Lifton and I were asked by the authors to serve as discussants of the paper. We both responded negatively to its major thesis; my own response, reprinted here, is an effort to deal with the adequacy of the theory of 'Oedipal revolt' as an explanation of student protest, and to emphasize what I term 'the other end of the Oedipus Complex'--namely, the irrationality of the old toward the young.

The Oedipus Complex as an Explanatory Concept

It takes considerable courage to build a theory of student revolt upon the Freudian fantasy of Totem and Taboo, which Freud himself (as the authors note) partially disclaimed as a 'just-so story'. Freud's fantasy of the primal, parricidal horde is among the most widely criticized of all of his views, and has been almost universally rejected by anthropologists as an account of the origins of society. Furthermore, these views form part of the most incomplete aspect of Freud's work, his views concerning the psychic basis of civilization. To construct an interpretation of the student revolt on these views is to build upon a frail reed.

Nevertheless, Totem and Taboo is widely cited today in the agonized effort to understand student dissent. Not only the authors of this paper, but Lewis Feuer (2) and other writers, have argued that the underlying motive force of the student movement lies in unresolved Oedipal feelings, in particular, in blind Oedipal rage of sons against their fathers and the irrational aggression and guilt that result from this rage. It may therefore prove useful to begin with a consideration of the Oepipus Complex as an explanation of specific forms of human behavior.

Freud's views on the Oedipus Complex entail the central assertion that it is a universal developmental phenomenon (3). Barring the grossest of deprivations in earlier childhood, all men and women pass through an Oedipal phase, and much of later life can be seen as a reworking of themes first laid down during the family romance. It is thus asserted that all of us, in one way or another, are profoundly influenced by Oedipal feelings, strivings, fantasies, conflicts and motives, and that our behavior in later life is invariably colored by these early childhood fantasies and feelings. My personal and clinical experience gives me no reason to challenge this assertion.

Yet the usefulness of the Oedipus Complex in explaining political and historical phenomena is open to challenge. In attempting to understand student revolt, we are of course not attempting to understand a universal human phenomenon. Rather, we are seeking to explain why at a particular time in modern history (but not at other times), a particular group of young men and women (but not most of their contemporaries) have become intensely concerned with the social and political injustices of their world, have devised a new series of tactics, strategies and interpretations of reality, and have set themselves against established institutions and values in sometimes destructive and sometimes constructive ways. Yet if the Oedipus complex is a universal developmental phenomenon, Oedipal feelings alone are of little use in accounting for specific groups acting in specific ways at specific historical moments.

An example may make the point clearer. Virtually all children learn to walk in the course of their development (4). This learning is often arduous and difficult: children fall, bang against things, are unstable and unsteady in their first steps, require support and, in some distrubed families, meet parental opposition in the achievement of locomotion. Learning to walk, to become mobile, and to move away from the mother also involves and evokes other important psychological issues that continue to be important throughout life. One might construct a theory of student revolt based upon the trauma of locomotion. The problems and ambivalences of moving away from parents, the need of support from them at the same time that one moves away from them and so on might be seen as unconsciously re-enacted in the student's movement away from the values and institutions of the parental generation. Yet such an explanation alone could not explain why most individuals do not take part in the student revolt, although a few do; similarly, would not help us understand why at some historical moments, dissenting student movements are present, while at other moments (e.g., the 'silent fifties') they are virtually non-existent.

The same theoretical problem, of course, applies to explanations based on the Oedipus Complex. If the Oedipus Complex is universal, then Oedipal feelings alone explain nothing. In order to account for a more specific historical phenomenon we must define more specific factors that apply at some historical periods but not at others, and point to specific psychological issues that are crucial to some individuals but not to others.

Specific Psychology of Student Activists

The argument so far has been unfair to the paper presented. For Drs. Rubenstein and Levitt do indeed offer an account of the family dynamics of student activists which suggests a specific form of the Oedipus Complex, which they relate to later dissenting behavior. Their account points to highly permissive parents, child-centered families without firm discipline, dominant mothers and 'passive' fathers as influences that tend to produce unusually intense Oedipal feelings and marked castration anxieties in children. According to Rubenstein and Levitt's hypothesis, radical college students deal with these 'unresolved' Oedipal feelings and castration fears by 'acting out' in political actions and by identifying with potent men of action like Che Guevara. Student political activities can thus be explained as a form of 'adolescent psychopathy'; criticism of the college administration bears a 'curious resemblance to the murder of the primal father', and so on.

I submit that this description of the psychological constellation that purportedly leads to student activism does not accord with the available data on the backgrounds and psychological make-up of today's American student radicals. Consider first the issue of 'permissiveness'. A recent study addressed specifically to this issue, finds no relationship between socio-political activism in college students and a permissive upbringing; what matters, the study concludes, is the level of parental political activity(5). Richard Flacks' study, though cited by the authors of this paper in support of the permissiveness thesis, can be more adequately interpreted as providing evidence of parental liberalism rather than permissiveness. For example, Flacks asked parents of activists and non-activists how they would react is their children dropped out of college: in both cases, the activists' parents gave more liberal responses (6).

The authors also imply that rational discussion of issues within the family, which has indeed been found in several studies to characterize the families of student activists, is really a form of lack of discipline--i.e., of permissiveness. But quite the opposite if true. As compared with other forms of discipline (like physical punishment or ostracism) rational discussion appears to be a highly effective way of implanting a strong sense of values in children. As opposed to beating a child, explaining the reasons for something tends to implant within him an internalized sense of right and wrong, rather

than an externalized fear of punishment. Thus, the finding that student activists' families reasoned with them in lieu of beating them or locking them in their rooms hardly indicates lack of parental standards: the most likely prediction from this finding is that student activists would have a stronger sense of personal values than would non-activists.

This prediction is supported by the work of Brewster Smith and his associates at the University of California (7). Applying Lawrence Kohlberg's scheme for classification of levels of moral reasoning, they found strikingly different levels in protesters and non-protesters at the University of California and San Francisco State College. A majority of the protesters (56%) were at what Kohlberg terms the highest, 'post-conventional' levels of moral reasoning, as compared with only 12% of the non-protesters. Eighty-five percent of the non-protesters were at the lower, 'conventional' stage as opposed to only 34% of the protesters. These findings are consistent with the view that explaining and discussing issues are an effective way of implanting high moral standards.

While Rubenstein and Levitt's thesis is that in the student revolt we see generational warfare, discontinuity and rebellion, the empirical data seem to me to support the opposite hypothesis of generational solidarity. Richard Flacks, in the study mentioned earlier, points out that in some respects student radicals' political beliefs are closer to their parents' than are those of non-radicals (8). Fishman and Solomon (9), studying civil rights and anti-war activists, emphasized the role of 'acting out' parental values in such youths, Seymour Martin Lipset (10) summarizes the growing body of research on student activists by noting that they are generally the children of left wing or liberal parents. In my own work (11), one of the most striking characteristics of a small group of anti-war radical leaders was their underlying identification with the values they had learned in their highly principled families. Thus, empirical research suggests that the crux of student activism today is not blind Oedipal rebellion, but a highly principled, moral, idealistic or even moralistic orientation that is built upon identification with parental values (12).

None of this, of course, is to deny that some students in today's student movement are like those described by Rubenstein and Levitt. And it is indeed probable that such individuals will turn up in clinical practice in disproportionate numbers. Robert Liebert, in his psychoanalytic study of students involved in the Columbia University demonstrations and disruptions of Spring 1968, distinguishes between 'nihilistic' and 'idealistic' radicals. His discription of the 'nihilist' indeed corresponds with the portrait presented by Rubenstein and Levitt. But Liebert notes that 'the overwhelming majority of the Columbia Radicals were toward the idealistic pole, and the nihilists tend not to be in the universities' (13). Every other study with which I am familiar (14) indicates that such individuals (sometimes called 'crazies' by their peers within the student movement) are in a minority, and that generalizations to today's student radicalism based solely upon them are factually incorrect. The bulk of student radicals who have been studied empirically appear to be in the 'idealistic radical' category.

Rubenstein and Levitt's interpretation of the Oedipal origins of the student movement, and of the particular family constellation that underlies student activism, seems essentially inaccurate as it applies to the majority of student activists. A more useful explanation of student activism involves the hypothesis not of covert generational conflict, but of underlying generational solidarity.

Filicide: the Other End of the Oedipus Complex

To discuss today's 'revolting students' is to discuss a controversial political phenomenon, and almost inevitably to make a political statement. Not only outside of scientific circles, but within them, today's student rebels arouse the most intense anxieties, hopes, hostilities, fantasies, and affections. Judgment of these students is inevitably influenced by the writer's psychological, historical, political and ideological position. Whether student behavior is seen as a blind acting-out of Oedipal rage or as an appropriate response to society's injustices and inconsistencies depends partly on one's own commitments and political positions. The ideal of a completely 'value-free' social science, psychoanalysis, or other form of inquiry is illusory, and especially illusory when dealing with controversial current topics. The portrait and interpretation of student radicals presented by the authors of this paper seem to me a political critique, rather than a psychological analysis alone.

Consider, for example, the authors' implication that student radicalism is characterized by 'vehemence, ...arrogance, and... rigidity of thought', 'political opportunism, ...distortions of truth, ...exploitation of adults and fellow students', and 'propensity for violence over rationality'. Or recall their concern over 'shootings, dynamitings, arson, and absolute violations of the rights of others'. Such assertions, although presented in an effort to discuss student activism from a scientific psychoanalytic point of view, are in fact rather obvious political characterizations. Viewing student radicalism from a different political perspective, I would question whether these characterizations apply to most American students who consider themselves radicals. In my experience, most student radicals are self-doubting, unrigid to a fault, so opposed to political opportunism that they are unable to organize effectively, moral to the point of moralism, reluctant to exploit anyone, and personally very frightened of violence. But wherever the truth may lie, it is clear that I, like Drs. Rubenstein and Levitt, perceive and interpret today's student radicalism through a lens that includes not only my scientific training and assumptions, but my political convictions and personal values.

Must we conclude, then, that no 'accurate' portrait of today's radicals is possible? My own view would not lead me to such solipsistic nihilism. Indeed, I have tried to show that the empirical evidence today available fails to support many of the assertions made by Drs. Rubenstein and Levitt. In this regard, 'reality' (as diffused through the lens of scientific studies) can often correct emotionally-based misperceptions. Furthermore, the emotional sources of misperceptions of the young themselves can at times be clarified. It may be that we of the parental generation need to apply the insights of psychoanalysis to ourselves as well as to our biological and intellectual children. We may need especially to recall that it takes two (or more precisely, three) to make an Oedipus Complex, and that the feeling of the old toward the young can be no less intense and irrational than those of the young toward the old.

In his original discussions of the Oedipus Complex, Freud concerned himself largely with the intense feelings and fantasies of children about their parents. But later studies of family interaction (15) have shown that parents' feelings and fantasies about their children are no less intense, and that they have a marked effect on the outcome of the Oedipus Complex. Fathers, for example, may feel acutely threatened and displaced by their sons whether these sons be five-years-old or young adults. The older generation, in any historical era, will eventually be replaced by the younger: the one thing of which we can be absolutely certain is that today's youth will eventually be tomorrow's parents, and eventually all of us who are parents today will be dead. We often find ourselves envious of the young, jealous of them, and enraged by them. These feelings, I submit, are not always justified by the facts, and have important intrapsychic origins as well.

We need to consider, then, not only the parricidal impluses of the young, but the filicidal impulses of the old as well. And in our rush to apply psychoanalytic concepts to youthful challengers of the existing order, we must recall the ancient prepsychoanalytic adage: 'Old bulls don't like the young bulls in the same pasture.' If we find ourselves overly-tempted to use the concepts of our discipline for political purposes, if we find ourselves more influenced by our fantasies and fears about the young than by the known facts about them, then we must examine with some self-insight the emotional bases of our own reactions to them. We, who are on the parental end of the Oedipus Complex, need to consider our own emotional involvement with the young, the feelings they arouse in us, the degree to which we ourselves find ourselves threatened, outraged, and challenged for reasons whose origins lie not only in the social and political world, but in the world of our own fantasies, needs and hopes.

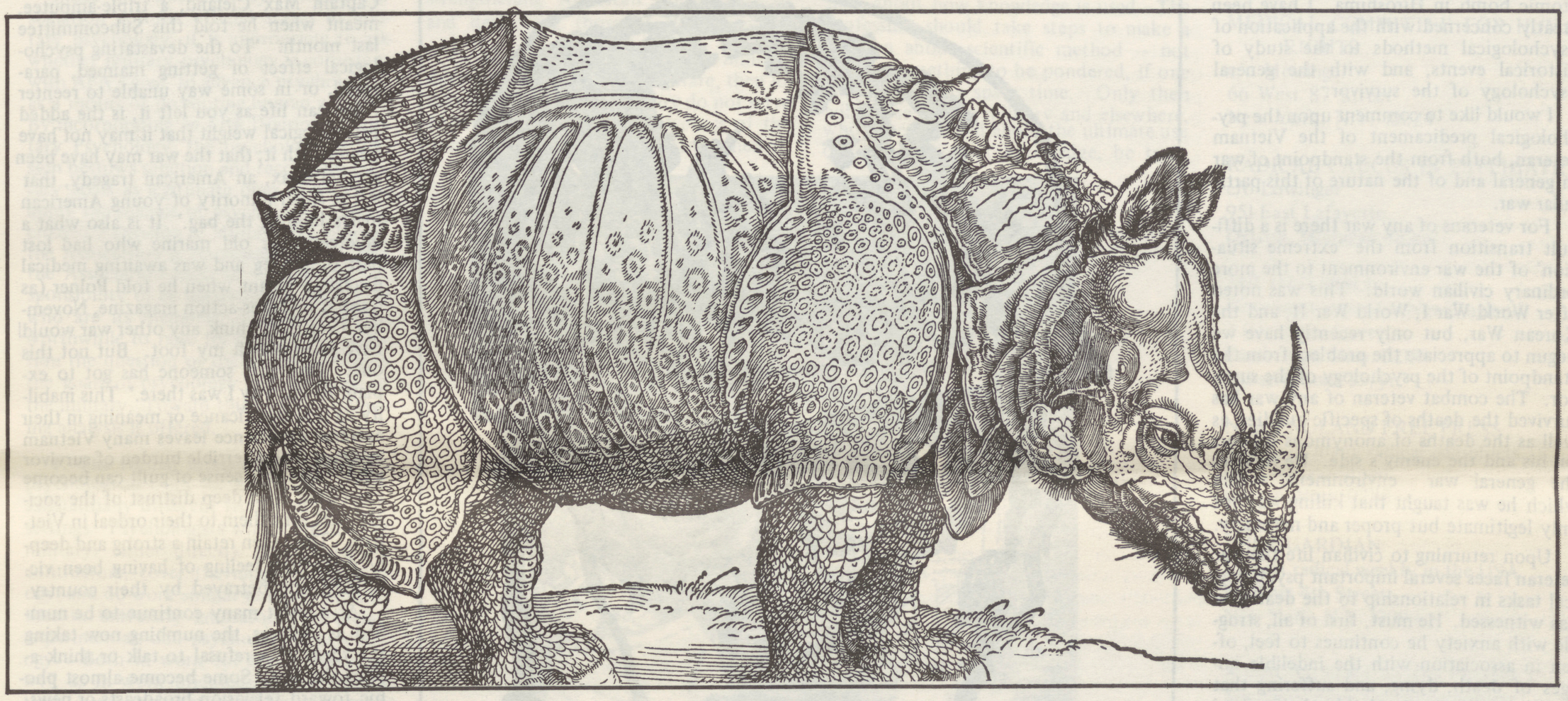
In placing these speculations on the filicidal impulse of the old alongside Drs. Rubenstein and Levitt's discussion of the parricidal impulses of the young, I am obviously speaking only half-seriously. My main intention has been to show that the Totem and Taboo thesis cuts both ways: those who take it seriously as an adequate account of the young must be willing to apply it to themselves as well. In fact, of course, I have argued that Oedipal feelings do not adequately explain the revolt of most of today's dissenting students. Similarly, I would maintain that counter-Oedipal impulses are not the critical driving forces in most of the old; and that even when such impulses are strong, they are always admixed with other forces --intellectual, moral, political, historical, and so on-- that are no less important. Thus, I would be happy if my comments had the effect of discouraging those on both ends of the Oedipus complex from hurling psychoanalytic epithets across the generation gap.

Throughout my remarks, my essential thesis has been that there continues to be continuity, as well as discontinuity, between the generations. Parents and children, the older and the younger generation, are united in love as well as in hate, in identification as well as in the rejection of identification. Moreover, I have insisted that the relationship between the generations is a true inter-action: just as the young both do our bidding and refuse it, so we, as their personal or intellectual fathers, love, hate, over-identify or under-identify with them. On the one hand, there are few spectacles more ludicrous than the middle-aged liberal who dons beads and bell-bottoms to join students in their radical activities: he inspires not only the contempt of his contemporaries, but the pity of the young as well. There is a danger in over-identifying with the young, against which Drs. Rubenstein and Levitt properly warn us. But there is also the equal danger of joining in an irrational war against the young, constructing an unreal stereotype out of our own worst fantasies and fears, and devoting ourselves to undermining and deprecating their motives.

Instead, I submit that the task of the older generation is to confirm what is best and most truly theirs in the young, recognizing that they need us just as we need them. Insofar as it is consistant with our own integrity and position, we must use our psychological insight and expertise first to understand ourselves, and then to help them understand themselves --not to 'put them down', not to wage war against them, not to explain away their actions as 'nothing but adolescent psychopathology.' In an era of accelerating social change, we cannot reasonably expect the young to accept without question, challenge, or criticism what they have inherited from us --especially because we have ourselves taught them to question, to challenge, and to criticize. All we can hope to do, as real and ideological fathers, is to support and confirm in them what is most ethical in them and in ourselves. To do this, we must not only avoid over-identification with our sons, but our own irrational impulse to discredit them.

References available upon request.

The Editors



testimony

robert jay lifton

Robert Jay Lifton is Foundations' Fund Research Professor in Psychiatry at Yale Medical School. The following is a Statement he made to the Cranston Senate Subcommittee in January 1970.

I am Dr. Robert Jay Lifton, and I hold the Foundations' Fund for Research in Psychiatry professorship at Yale University. I have in the past taught and done research at Harvard University and the Massachusetts General Hospital, and with the Washington School of Psychiatry. I have done psychiatric work at a number of Veterans' hospitals and outpatient clinics, and at the Walter Reed Army Institute of Research. During the Korean War I served as an Air Force psychiatrist in Korea and Japan. I have spent almost seven years living and working in the Far East, and made visits to Vietnam in 1954 and in 1967.

I have done research on such 'extreme situations' as the psychological aspects of Chinese thought reform (or 'brainwashing), and the psychological effects of the atomic bomb in Hiroshima. I have been greatly concerned with the application of psychological methods to the study of historical events, and with the general psychology of the survivor.

I would like to comment upon the psychological predicament of the Vietnam veteran, both from the standpoint of war in general and of the nature of this particular war.

For veterans of any war there is a difficult transition from the 'extreme situation' of the war environment to the more ordinary civilian world. This was noted after World War I, World War II, and the Korean War, but only recently have we begun to appreciate the problem from the standpoint of the psychology of the survivor. The combat veteran of any war has survived the deaths of specific buddies, as well as the deaths of anonymous soliders on his and the enemy's side. He survives the general war environment, within which he was taught that killing was not only legitimate but proper and necessary.

Upon returning to civilian life the war veteran faces several important psychological tasks in relationship to the deaths he has witnessed. He must, first of all, struggle with anxiety he continues to feel, often in association with the indelible images of death, dying, and suffering that constitute the survivor's 'death imprint.' He must also struggle with feelings of guilt and shame resulting directly from the war experience. These guilt feelings can relate simply to the fact that he survived while so many others died, or they may focus upon the specific death of one particular buddy who in some way, he feels, was sacrificed, so that he, the veteran, could go on living. His sense of guilt may also relate to his having killed enemy soliders, or having done various other things in order to stay alive. But his overall psychological task is that of finding meaning and justification in having survived, and in having fought and killed. That is, as a survivor he must, consciously or unconsciously, give some form to the extreme experience of war, in order to be able to find meaning in all else he does afterwards in civilian life.

These psychological tasks are never perfectly managed, and as a result the veteran may experience anything from a mild readjustment problem to disabling forms of psychiatric impairment. Typically, the returning veteran manifests a certain amount of withdrawal from civilian life, a measure of distrust of the civilian environment--a feeling that what it offers him may well be counterfeit--and some confusion and uncertainty about the meaning of his wartime experience and of his future life. His overall adjustment is greatly influenced by the extent to which he can become inwardly convinced that his war, and his participation in that war, had purpose and significance.

All of this is true for the Vietnam veteran. But in addition his psychological experience is influenced by certain characteristics of the war in Vietnam. The average Vietnam GI is thrust into a strange, far-away, and very alien place. The Vietnamese people and their culture are equally alien to him. Finding himself in the middle of a guerilla war in which the guerillas have intimate contact with ordinary people, the environment to himis not only dangerous and unpredictable but devoid of landmarks that might warn of danger or help him identify the enemy. He experiences a combination of profound inner confusion, helplessness, and terror.

Then he sees his buddies killed and mutilated. He may experience the soldier-survivor's impulse toward revenge, toward overcoming his own emotional conflicts and giving meaning to his buddies' sacrifices by getting back at the enemy. And in an ordinary war there is a structure and ritual for doing just that --carrying out individual and group battle tasks with aggressiveness and courage. But in Vietnam there is none of that --the enemy is everywhere and no one, never still, rarely visible and usually indistinguishable from the ordinary peasant. The GI is therefore denied the minimal psychological satisfactions of war; and, as a result, his fear, rage and frustration mount.

At the same time he notices that the South Vietnamese fight poorly or not at all; and rather than ask himself why this is so, he tends to associate them with the general corruption and deterioration he sees all about him. Any previous potential for racism is mobilized and he comes to look upon Vietnamese as inferior people or even nonhuman creatures.

This dehumanization of the Vietnamese by the individual GI is furthered by his participation in such everyday actions as the saturation of villages with bombs and artillery fire, and the burning of entire hamlets. Observing the deaths and injuries of Vietnamese civilians on such a massive scale, and the even more massive disruptions of village life and forced relocations, he cannot but feel that the Vietnamese have become more or less expendable.

That is why Vietnam veterans I have talked to were not really surprised by the recent disclosures of atrocities commited by American troops at My Lai and elsewhere. Virtually all of them had either witnessed or heard of similar incidents, if on a somewhat smaller scale. Hence Paul Medlo's public statement that what he and others did at My Lai 'seemed like it was the natural thing to do at the time.' Another former infantryman, Terry Reed, who described a similar incident elsewhere, made a public statement of even greater psychological significance. He said: 'To me the war was being ambushed every three to five days, being left with scores of wounded GIs. Then come right back at the enemy by going into an innocent village, destroying and killing the people.' What these words suggest is how, under the extraordinary stress of an impossible situation, GIs come to see all Vietnamese, whatever their age or sex or affiliation as interchangeable with the enemy, so that killing any Vietnamese can become a way of 'coming right back' at those responsible for wounding or killing their own buddies.

Medlo went on to say that immediately after killing a number of Vietnamese civilians he 'felt good' and that 'I was getting relieved from what I had seen earlier over there.' Applicable here is an established psychological principle that killing can relieve fear of being killed. But there is something more operating in connection with these massacres: the momentary illusion on the part of GIs that, by gunning down these figures now equated with the enemy--even little babies and women and old men--they were finally involved in a genuine 'Military action,' Their elusive adversaries had finally been located, made to stand still, and annihilated--an illusion, in other words, that they had finally put their world back in order.

Other veterans have reported witnessing or participating in killings of civilians without even the need for such an illusion. Sometimes these killings have been performed with the spirit of the hunter or the indiscriminate executioners--pot shots at random Vietnamese taken from helicopters, heavy fire directed at populated villages for no more reason than a commanding officer's feeling that he 'didn't like their looks.' In addition there have been many accounts of such things as the shoving of suspects out of helicopters, the beheadings of Viet Cong or Viet Cong suspects, and of various forms of dismembering the bodies of dead Vietnamese.

Actions such as these require an advanced state of what I have called psychic numbing--the loss of the capacity to feel--and of general brutalization. Where such actions are committed in a direct face-to-face fashion--without even the psychological protection of distance that is available to those who drop bombs from the sky or direct long-range artillery fire--the psychological aberration and the moral disintegration are very advanced indeed. For while there is little ethical difference between killing someone far away whom one cannot see, and looking directly into the victim's eyes from five or ten feet away while pulling the trigger, there is a considerable psychological difference between the two acts.

The Vietnam GI also is profoundly affected by atrocities committed by the Viet Cong, by South Vietnamese sodiers, and by South Korean forces. All of these contribute both to his numbing and his brutalization. But it is one's own atrocities that haunt one most. And no one can emerge from that environment without profound inner questions concerning the American mission in Vietnam and the ostensibly democratic nature of our allies there--even if, as is often the case, the GI resists these questions and keeps them from his own consciousness.

Whatever kind of adjustment the returning Vietnam veteran appears to be making, he must continue to carry images of these experiences inside of him. Survivors of a special kind of war, these men constitute a special kind of veterans' group. Murray Polner, a historian who has now interviewed more than two hundred Vietnam veterans as part of an investigation of their experiences, has found that none of the men he talked to--not one of them--was entirely free from doubt about the nature of the American involvement in Vietnam. This does not mean that all of them actively oppose the war, but rather that as a group they have grave difficulty finding inner justification for what they have experienced and what they have done.

That is exactly what former Army Captain Max Cleland, a triple-amputee, meant when he told this Subcommittee last month: 'To the devastating psychological effect of getting maimed, paralyzed, or in some way unable to reenter American life as you left it, is the added psychological weight that it may not have been worth it; that the war may have been a cruel hoax, an American tragedy, that left a small minority of young American males holding the bag.' It is also what a nineteen year old marine who had lost part of his leg and was awaiting medical discharge meant when he told Polner (as quoted in Trans-action magazine, November 1968): 'I think any other war would have been worth my foot. But not this one. One day, someone has got to explain to me why I was there.' This inability to find significance or meaning in their extreme experience leaves many Vietnam veterans with a terrible burden of survivor guilt. And this sense of guilt can become associated with deep distrust of the society that sent them to their ordeal in Vietnam. They then retain a strong and deeply disturbing feeling of having been victimized and betrayed by their country

As a result many continue to be numbed as civilians, the numbing now taking the form of a refusal to talk or think about the war. Some become almost phobic toward television broadcasts or newspaper reports having anything to do with the war. A number of those I spoke to could only take jobs permitting them to remain isolated from most of their fellow Americans, often night jobs. One Vietnam veteran told me, 'I worked at night because I couldn't stand looking at those nine-to-five people who sent me to Vietnam.' Yet these men are also affected by the deep ambivalence of the general American population about the war in general, an ambilvalence which extends to those who have fought it. It is difficult for most Americans to make into heroes the men who have fought in this filthy, ambiguous war, and if they try to do so with a particular veteran there is likely to be a great deal of conflict and embarrassment all around. There is in fact an unspoken feeling on the part of many Americans that returning veterans carry some of the taint of that dirty and unsuccessful war.

From work that I and a number of others have done on related forms of war experience and survival, we can expect various kinds of psychological disturbance to appear in Vietnam veterans, ranging from mild withdrawal to periodic depression to severe psychosomatic disorder to disabling psychosis. Some are likely to seek continuing outlets for a pattern of violence to which they have become habituated, whether by indulging in anti-social or criminal behavior, or by, almost in the fashion of mercenaries, offering their services to the highest bidder. Similarly, many will hold on to a related habituation to racism and the need to victimize others. Any of these patterns may appear very quickly in some, but in others lie dormant for a period of months or even years and then emerge in response to various internal or external pressures.

What I have been saying is that we cannot separate the larger historical contradictions surrounding the American involvement in Vietnam from the individual psychological responses of our soldiers. Indeed the Vietnam veteran serves as a psychological crucible of the entire country's doubts and misgivings about the war. He has been the agent and victim of that confusion--of on the one hand our general desensitization to indiscrimate killings, and on the other our accumulating guilt and deep suspicion concerning our own actions. We sent him as an intruder in a revolution taking place in a small Asian society. Albert Camus urged that men be neither victims nor executioners. In Vietnam we have made our young men into both.

Of course Vietnam veterans need and deserve improved medial and psychiatric facilities, as well as better opportunities for education and employment. But if we are really concerned about the psychological and spiritual health of America's young men--and indeed, about our own as well-we will cease victimizing and brutalizing them in this war.

military psychology

--jack sawyer

This statement speaks to the exploitation of all mental health workers by the military. Jack Sawyer is a psychologist at Northwestern University and a member of PSA.

Since the American Psychological Association accords official status to military psychology, it is appropriate to ask whether military psychology is consistent with APA's goal 'to advance psychology . as a means of promoting human welfare.' By incorporating an APA Division of Military Psychology, the psychology profession bestows sanction and recognizes military goals as legitimate ones to which to apply the science of psychology. Having created a Division of Military Psychology, the Association is responsible for it. But the Association itself is, in turn, the responsibility of all individual psychologists who are its members. Hence, it seems worthwhile to raise for general consideration the question of the relation between the goals of psychology and the goals of the military. Toward this end, the following analysis is offered.

1. The formal intellectual content of psychological work for the military is not substantially different from that in other settings. Psychologists who work for the military, either directly or through its contractors, cover the range of psychology, and do work similar in many ways to that in university laboratories of social, experimental, and psychometric psychology. Both in work for the military, as well as in work oriented in other directions, a psychologist might be concerned with developing a selection test, determining effective leadership techniques, developing an effective man-machine system, or determining physiological reactions to stress.

2. Most psychologists who work for the military probably make this choice for reasons other than an active desire to promote military goals. It seems likely, rather, that they choose jobs as others do – because an opportunity is offered to gainfully employ their skills on problems and activities that interest them. Probably most psychologists working for the military do not even regard themselves as 'military psychologists.' The number of psychologists in the Division of Military Psychology is a small fraction of the total number of psychologists working for the military.

3. Yet inevitably any psychologist working for the military does promote military goals – by producing research information, by rendering services, and simply by providing apparent legitimation to military activity. Military research, naturally, has been especially interested in certain problems – for example, leadership, where extensive research has explored how persons in a group are caused to carry out goals they otherwise would not. Understandably enough, the military has shown less interest in research on how an individual may resist the extremely strong pressures an authoritarian leadership structure can impose. Proper methodology can produce scientifically valid findings on either problem, but cannot guarantee 'neutrality.' Though research may provide 'objective' results, and these may even disappoint the hopes and expectations of the sponsors, this does not make 'neutral' the goals of the military which induce it to sponsor the research.

4. The goal of the military cannot be to promote general human welfare; inescapably, the military must distinguish between 'our' welfare and 'their' welfare. This distinction necessarily pervades military psychology--'the application of research techniques and principles of psychology...to either optimize the behavioral capabilities' of one's own military forces or minimize the enemies' behavioral capabilities' (Howard C. Walter, Jr. Military psychology: Its use in modern war and indirect conflict. Dubuque, Iowa: W. C. Brown, 1968, p. 2). Military psychology, in fact, is not primarily interested in promoting individual human welfare on either side; it must ultimately contribute to strengthening American military forces and destroying those of the 'enemy.'

5. If the larger goal of the military does not promote human welfare, then local efforts within the military do not serve to ameliorate the destructiveness of the overall effort, but instead strengthen it.

Las Chorreadillas.

To restore a man's mental health so he can resume the pursuit of death in battle does not promote human welfare. To make local conditions of military life more humane while accepting, by one's mere presence, the ultimately inhumane goals is no more ameliorative than for an opponent of capital punishment to take as an intermediate, achieveable goal, the serving of better last meals to the condemned. The small efforts at humanization do not alter the basic inhumanity of total activity. Worse yet, small ameliorative efforts, like the civilities or duelists and executioners, appear to lend respectability. Nor do good by-products justify destructive goals. Even though studying how to start epidemics may lead to knowledge about how to stop them, and vice versa, the two goals are very different.

6. The very presence of psychologists in the military helps to legitimate the military undertaking. This is just as true if a person opposes military goals – and even if he proclaims his opposition. Some psychologists report that they have come to strongly oppose military policy, but continue working for the military, only because 'If I don't, someone else (less an ameliorative influence) will.' They should quit, right now. They lend credence, by their mere presence. Even their dissent lends credence; it provides the semblance of openness in the military, and wards off criticism–but it does not change top-level policy. The good work that these psychologists do does not change the policy, either.

7. Psychology must recognize in practice, as well as in principle, the promotion of human welfare as one of its objectives. The psychological profession, like the military employer, has asked only that the psychologist concern himself with 'psychology as a science' – with how psychology is done, not with the end it serves. The rightful concern with psychology 'as a means of promoting human welfare' requires that the profession, which has taken so seriously its standards about how knowledge is produced, be equally responsible about how knowledge is used. The profession should take steps to make a concern about scientific method -- not just as something to be pondered, if one chooses, in his spare time. Only then will those in the military and elsewhere, who are concerned about the ultimate use of their skills and knowledge, be truly free to explore and express their concerns.

8. Psychologists, individually and collectively, should now examine the implications of psychology in the service of the military. Many psychologists have deep questions, which deserve open discussion within the professions. 'Senatorial courtesy' that discourages mentioning issues that may be conflictful or embarassing for others, or for oneself, is not ultimately promotive of the health of the profession, or of the individual. The informal ties of colleagueship, useful to the development and practice of psychology, as well as to personal careers, should not inhibit open questioning. On the contrary, the profession should use all its formal and informal resources to aid questioning. Open discussion of these issues should be held widely – in psychology departments and research laboratories, in state, local, and regional associations, and in all divisions of psychology. Individual psychologists, both those who work for the military and those who do not, should question how, through their profession, they are offering implicit support for military goals. Every psychologist is responsible, to a degree, for the goals his profession supports. Psychologists must decide whether psychology is to promote human welfare or military welfare.

places to write

PSYCHOLOGISTS FOR A DEMOCRATIC SOCIETY....
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the conservative ideological bias implicit in psychotherapy

--eric ostrov

Eric Ostrov is a psychologist in Chicago and a member of PSA.

'...an evolving clinical science of the mind is colored and often darkened by ideological trends even as it inadvertently influences the intellectual and literary climate...Maybe, then a clinical science of the human mind will eventually demand a special historical self-awareness on the part of the clinical worker and scholar...'

—Erik Erikson, Young Man Luther

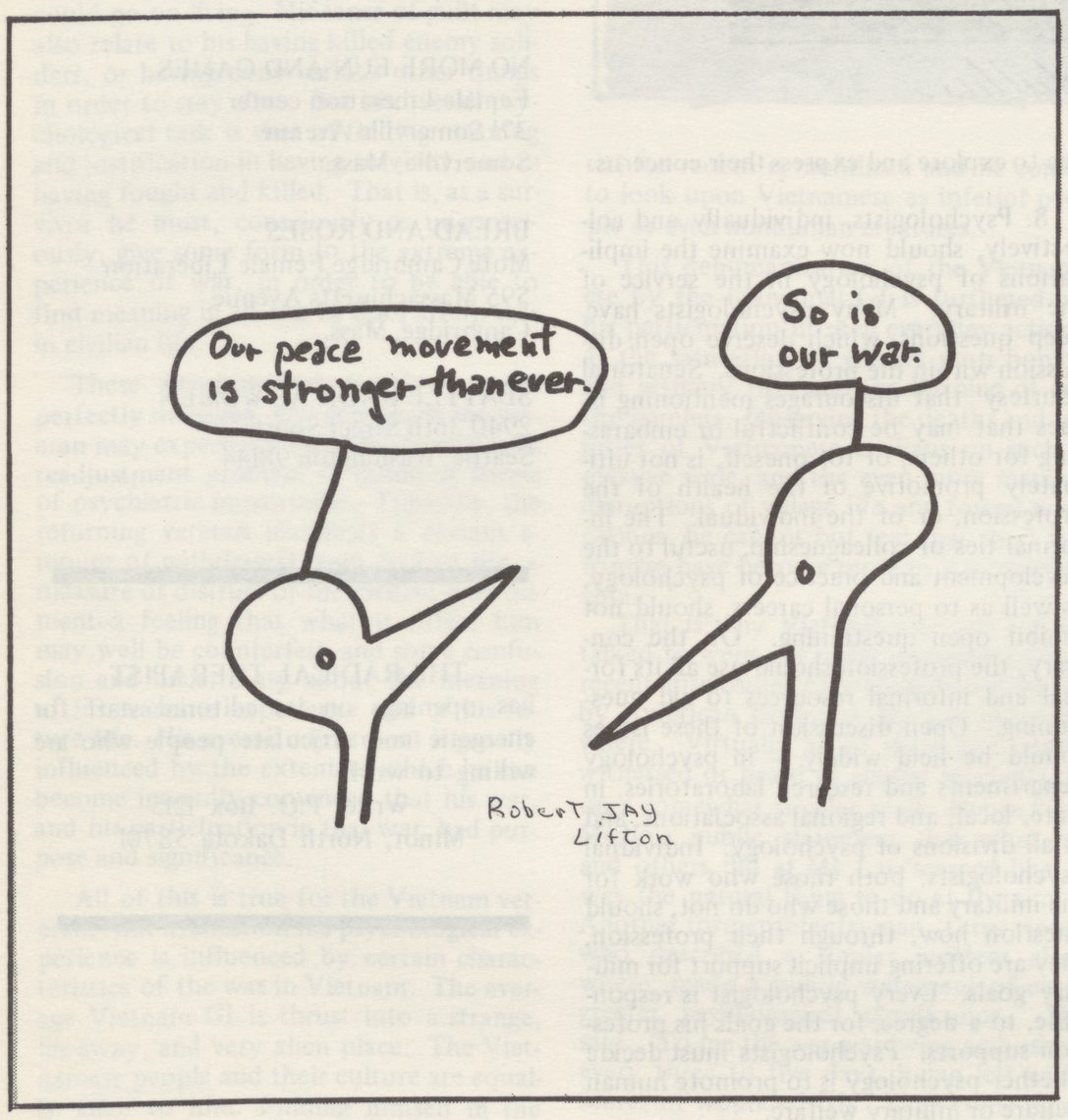
Psychologists researching issues unrelated to social or historical issues are taking a political stand. The same is true of those therapists who feel that as members of a 'helping profession' their contribution to humanity's welfare is such that they need have no political awareness or commit themselves to meaningful social action. The point is not just that inaction leaves a vacuum of response that can be filled by more active and possibly more malevolent forces. Psychologists in ordinary circumstances are full-fledged collaborators with, and contricutors to the political status quo. As professionals content to restrict their interests and activities to the domain society has carved out for them, such psychologists are what Paul Baran has called 'intellect workers'. Intellect workers take 'the existing order of things for granted' and question 'the prevailing state of affairs solely within the limited area of their immediate preoccupation'. ('The Commitment of the Intellectual', Paul Baran, Monthly Review, March 1965, 16, 2-11.)

This process can be especially insidious among psychologists. Psychologists represent by the very nature of their special interests an assertion about the importance of individuals and their functioning per se. When this assertion is not further informed by an awareness of social and historical context then the assertion can become a political choice. The most dramatic examples come from statements certain psychologists make to the press about current political events. The usual gambit is to ascribe political acts to individuals' motivations, pathological motivations at that. This stand ignores the possibility that persons can be reacting to valid social issues in terms of humanitarian values. Since these psychologists assume the value of the status quo they must look to aberrations of individuals to explain attacks on the status quo.

Other examples of psychologists' activities are less dramatic but have political repercussions none the less. Take the psychotherapist as an example. The therapist acts under the assumption that the locus of causes of individuals' suffering is somehow in the individuals concerned. This assumption validates the major endeavor of most therapies which is beneficent change in individuals. The therapist by his very presence in society, by the fact of the recognition he has as an expert in a certain kind of human suffering, presents every suffering individual in that society with a plausible and recognized explanation for the fact of his suffering. The possibility is raised of physically ill people attributing their pain to psychosomatics, of economically oppressed persons attributing their status and its consequences to their own character flaws and of administrators or bosses attributing rebellion to the warped mind of some 'leaders'. The therapist who restricts his awareness and actions to the most narrow concerns of his profession contributes, probably unwittingly, to this process.

The researcher who never ties the work he is doing into its historical context achieves parallel results. At the least the researcher makes a judgment about priorities. He chooses a topic and says it is worth his time and effort as opposed to other topics he could study. Even in 'pure' research (say biopsychology or whatever) the influence of the availability of government grants and so forth is usually ignored as a factor in the choosing of the research topic in the first place. That is to say priorities are often set by status quo powers even in the most 'pure' research. That this research may ultimately benefit the most nefarious projects is well known.

Aside from this, the very fact of the political irrelevance of such research is a political act because priority is assigned to these efforts as opposed to research that might lay bare facts tending to question the validity of the status quo. Those researchers, who not only do apolitical research but bury themselves in their specialty in effect ignoring the work of others who may be laying bare some politically unsettling information, are ipso facto contributors to the maintenance of the status quo since they live in, and benefit from the established society without allowing themselves to question its bases. These persons also make a possibly inadvertent value choice. They choose the pursuit of restricted truths and choose to ignore the plight and suffering of great numbers of their fellow men. In this they abdicate responsibility and no elevation of Truth as some sacred quest can override this failure to show committed concern for their fellow men.



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RIGHT ON!

letters

The Editors: I read about the Radical Therapist in Village Voice and want to subscribe, support it, hawk it at my job, and sometime contribute. I'm trying to integrate new ideas I've been exposed to through women's lib with my work role —am very interested in hearing about similar related experiences.
Marny Hall, San Fransico, Cal.

The Editors: I was delighted to see your leaflet on the bulletin board this week. It's nice to know I'm not alone —I was beginning to wonder... Radical change is required within the ranks of the therapeutic establishme. t before we can successfully, or evn honestly, work for social innovation on a wider scale.
Sandy Pinches, East Lansing, Mich.

The Editors: If you mean what you say in your blurb, I would like to write an occassional article for you. Before I do, however, I must know one thing: will you accept articles written in clear, plain English, or must they be written in "journalese"?
Victor Daniels, Rohnert Park, Cal.

The clearer and simpler and plainer, the better. Eds.

The Editors: Thank you very much for your letter and for the announcement of the Radical Therapist. I find the idea of such a journal excellent...
Herbert Marcuse, La Jolla, Cal.

The Editors: ...Good luck. I think it's wonderful that you are starting this journal and I hope that it gets the wide circulation in our field which badly needs it.
Mary Boulton, New York, N.Y.

The Editors: I was delighted when I heard there would be a journal allowing radical viewpoints in psychology to be expressed. I have been teaching a course at the University of Chicago called 'Radical Perspectives in Psychology' (reading list enclosed) and was heartened to find out your journal was being established to cover this emerging area. Please enter my subscription... Towards a psychology for the people.
John Trinkl, Chicago, Ill.

Phil Brown on our Editorial Staff is teaching a similar course at the Alternate U in New York. Are any other people involved in similar ventures elsewhere? Eds.

The Editors: Dr. Laing has asked me to thank you very much for inviting him to make a contribution to the Radical Therapist. Unfortunately he has nothing written at the moment that he feels would be appropriate nor is he intending to write anything, so cannot send you anything but was very pleased nonetheless to have been asked.
Dianne Dye, London, England.

The Editors: Brothers. We are a law institute presently working in the fields of military law, student rights, abortion law reform and ecology.

We have read with interest in the New York Village Voice of your project, and would be pleased if you would send us more information. As an Institute many of our endeavors may be complementary. .... Venceremos!
Shiela O'Connor, New York, N.Y.

The Editors: I would like to subscribe to The Radical Therapist. Enclosed is a check for six dollars...

I am presently a rehabilitation counselor with heroin addicts... and need to know what I'm rehabilitating them for. Is personal awakening at odds with being a catalyst for others? Is the only way to be alive without dope in this world to be crazy?

Yes, women's lib.

Yes, Radical Therapist?
Barbara Hanna, New York, N.Y.

The Editors: From your plans, I back you heartily... I am most pleased to see that finally some people are getting together to publish a journal of opinion in the areas of therapy. Too long have considerations of values been superficial or taken for granted, or just plain ignored. And in agreement with you: witness how therapy has become exploitative, a kind of mental health capitalism...

I am not yet convinced that there is a real place in the building of a new society --and in building therevolution that will be that society-- for persons like myself, who are trained to facilitate the growth of individuals, in practice free from contamination by the therapist's values... What good is it to do therapy with people who will end up 'self-actualized' but essentially not contributing to the solution of our collective problems?...

To build the new human society we clearly need education, consciousness, organization, smashing of capitalism and imperialism, decentralization of politics, and so forth. But --how does therapy fit in?....
Steven Pennington, Pittsburgh, Pa.

we need to hear from clients and users of therapy systems

let's fill this page next issue with news from the people

RADICAL STYLE

The radical style . . . takes as its presupposition Dewey's claims that we are free to the extent that we know what we are about. Radicalism as a style involves penetration of a social problem to its roots, to its real causes. Radicalism presumes a willingness to continually press forward the query: Why? Radicalism finds no rest in conclusions; answers are seen as provisional, to be discarded in the face of new evidence or changed conditions. This is, in one sense, a difficult mental task and, in a more profound moral sense, it represents a serious personal decision to be introspective, to be exposed always to the clinging glare of change, to be willing always to reconstruct our social views.

—Tom Hayden, Letter to the New (Young) Left. 1961

encounters
I

'What do you teach?' asked he.
(pause) was I.
'It happens everytime,' said I.
'What?' asked he.
'The pause,' said I.
'Oh,' puzzled he.
'Well, how could I ever know what I taught?' said I.

II

'You are a therapist?' asked he.
'A what?' asked she.
'A therapist?' asked he.
(pause) was she.
'You treat patients,' quizzed he.
'Of what?' asked she.
'Ah,' paused he.
'How would I ever know what I treated?' asked she.

— phyllis parun

news of movement groups

--phil brown

Phil Brown is a member of PDS

'PDS is a group of people with varied radical politics, diverse roles in psychology, and disparate ages. What we share is a commitment to contribute to a popular revolution in North America.'

---PDS Newsletter

In the fall of 1968, a small group of people began meeting irregularly in New York in an attempt to build a radical psychology group. Our first public function was showing the Newsreel 'Columbia Revolt' film and refuting psychopathological interpretations of social process (a la Bettelheim). Soon after, we appeared at a PSA conference with speakers and leaflets denouncing professionals who decry war and poverty but retain their traditional roles in the mental health field.

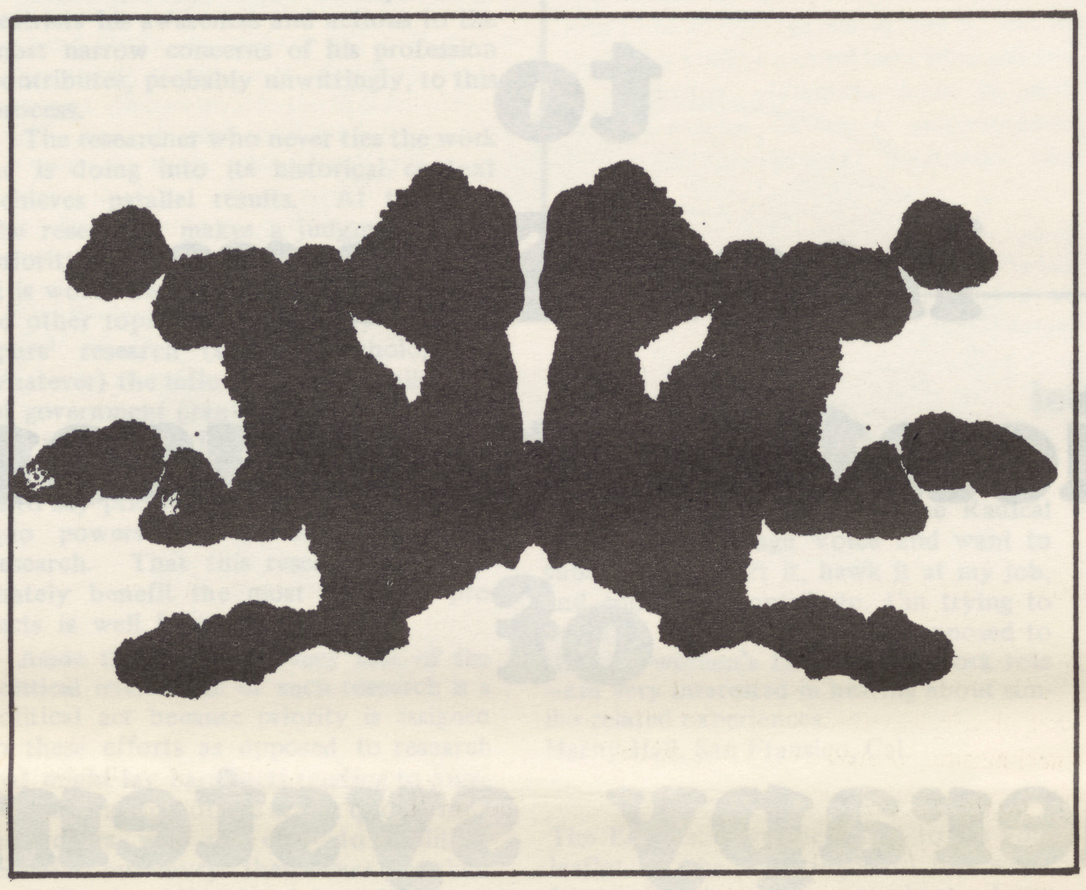
At about this time, another group began at the New School for Social Research, and we merged, forming the Committee for a Radical Psychology. Citywide meetings brought us closer together and prepared us for our first major action, the 1969 Orthopsychiatric convention in New York. There, as the newly formed PDS, we formed a radical caucus with others and actively supported the Lincoln Hospital community mental health center struggle for community control. We held meetings and collected money, and brought people to Lincoln for demonstrations. At Ortho, we organized guerilla theatre groups and disrupted reactionary panels such as 'Psychopathology of Student Activists' and Bettelheim.

Our next activity was at the Eastern Psychological Association meeting, after which we published the first issue of our newspaper. Then, at the American Psychological Association meeting in Washington, DC, we had a successful literature table and actions involving hundreds of people at a time. We held our own unofficial meetings, including a discussion of psychology in Cuba, led by a PDS member who had worked there for six years. At the convention, a Washington, DC chapter of PDS was formed, and many others went home ready to begin organizing in their own communities.

In New York, the germinal NYU PDS chapter grew larger. It started an organizing project at LIU and agitation within the New York Board of Education's Bureau of Child Guidance. Study groups were held at the University of Miami and the University of Chicago. PDS people have also begun teaching radical psychology courses at the Alternate U, a movement school in New York.

We demonstrated together in the November Moratorium and worked with other groups there. By the time this article appears, we will have been involved in actions at the 1970 Orthopsychiatric convention in San Francisco and the Eastern Psychological meeting in Atlantic City.

We welcome communications, and invite people across the country who want to start PDS chapters to write: PDS, PO Box 427, Stuyvesant Station, New York, New York, 10009.



RADICAL

rad.i.cal. adj. [ME, fr. LL radicalis, fr. L. radic-, radix root + -alis, al—more at root] 1. of or relating to the root: proceeding directly from the root: . . . 2: of or relating to the root or origin: original: fundamental: inherent. . . 3a: marked by a considerable departure from the usual or traditional: extreme, thoroughgoing, drastic. b:tending to make extreme changes in existing views, habits, conditions or institutions.

Coming in the next issue of the RADICAL THERAPIST (June-July)

Symposium on Women/Therapy/Family
edited by Judith Brown

Symposium on Training of Therapists

Future issues will explore:

Clients' Views of Therapy
New Ways of Living (Communes)
Psychiatry and Anti-Psychiatry
Radical Therapy in Practice
Community Control of Mental Health Services
Radical Therapy and the Movement

An Invitation From LIBERATION

"When we first published LIBERATION fourteen years ago, the situation for the American left was unbearably bleak. The question we wrestled with was then very simple: not what the movement should be doing, what its priorities might be, but whether there was a movement in the first place. Other publications on the left seemed to be talking in a very stereotyped, sectarian way. From the beginning, we tried to move the movement in a more revolutionary direction, but we tried to combine this with a humanist, nonviolent perspective."

Dave Dellinger

While 7,000 people gathered outside Cook County Jail, Rennie Davis wrote about what was happening inside. His article, "Conspiracy Day in Cook County Jail," will appear in the March LIBERATION. The April issue will include articles by Dave Dellinger, the Chicago Conspiracy staff and others on the political significance of the trial. Susan Sontag recently described LIBERATION as a "shrewd, urgent, brave and humane voice of the movement." We hope you'll want to subscribe.

Please enter my subscription for one year (11 issues). Enclosed is ____ $7 (regular rate) or ____ $5 (student rate).

LIBERATION's address is: 339 Lafayette Street
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clinical cooling out of poor people

--paul adams and nancy mcdonald

Paul Adams is professor of psychiatry and pediatrics and chief of child psychiatry, Univ. of Florida. Nancy McDonald is assistant professor of psychiatry and chief psychiatric social worker there. This paper originally appeared in the American Journal of Orthopsychiatry.

For many decades child psychiatry clinics have wished for the amelioration of poverty, have labored to reorganize community services for all economic classes, have sought to adapt their professional skills to fit the needs of the poor. Increasingly, the opinion is developing that child psychiatry clinics have fashioned themselves to engage in dynamic psychotherapy of neurotic members of the middle class and have lost increasingly their orientation toward the poor, the socially delinquent, and the neurally impaired child. It seems timely to survey some of the tactics and procedures that child psychiatry clinics might be employing—even if unwittingly—in restricting their involvement with poor persons.

The children's psychiatric clinic could be viewed as exercising a "cooling out" function on the poor family. Cooling out is a term derived from the argot of the confidence game, but might be a useful concept to explore the issue at hand. At the end of a con game, finding that they have deprived the sucker or mark of his money, the racketeers assign a cooler to remain with and give consolation to the mark. This agent of consolation, the cooler, is said to be "cooling the mark out." When poor people, by analogy, are "cooled out" they are said to be "unworkable"; and poor people often may be rendered unworkable when they commingle with those agents of a different life-style who staff child psychiatric clinics.

It should be stated explicitly that the purely theoretical analysis undertaken in this paper does not assume that clinics universally cool out poor people. Indeed, evidence from personal experience and anecdote is both pro and con. If the analysis has a firm reality base, this needs to be surveyed more fully and accurately before correct and appropriate generalizations about the *prevalence* of cooling out can be formulated. In the meantime, the authors do not know the precise extent and range of clinical cooling out of poor people. . . .

COOLING-OUT IDEOLOGY

Coolers of poor people need special psychic lavage. Here are four guidelines and practical suggestions on the ideological preparation of clinical coolers of poor people.

1. Have the prospective cooler read Hollingshead and Redlich where evidence is presented that the poor in a New England setting are *seldom treated* by psychotherapy. Then, leading the prospective cooler to generalize widely, draw the moral that all or most poor people are *untreatable*.

2. Imbue the cooler trainee with the host of doctrines based upon nineteenth century economic theory and an economy of scarcity. These doctrines propound that therapeutic success depends upon goal-oriented striving; that psychotherapy is analogous to hard work. Motivation is crucial. "You get out of it what you put in."

3. Have the would-be cooler read Sigmund Freud's writings, but take care not to specify Freud's cultural setting. The prospective cooler has to learn that having full humanity is being upper middle class: yearning to talk, to introspect, and to be freed of inhibitions.

4. Inform the prospective cooler of the dilutions and alloys of psychotherapy that fill the marketplace, always with the suggestion that some of these are probably more appropriate than "regular psychotherapy" for poor people, and that second ate services might be good enough for underprivileged people.

COOLING-OUT SEQUENCE

Cooling out of poor people by the clinic must occur in an orderly sequential pattern as the poor move along the treadmill of referral, intake, diagnostic study, sharing of findings, trial of psychotherapy, and final termination. Certain tactics that are appropriate to these phases will be discussed now.

1. *Referral Source Tactics*

A. Take referrals *ad lib*. Advertise both an open-door policy and a long waiting list. "Everyone is eligible. Everyone will be seen. At the same time, however, nobody who comes will be seen very quickly." The relevant clinic motto in this situation is: *Many are called but few are chosen.*

B. Weed out the subliterate poor by mailing out long preintake forms filled with jargon. This transmits very effectively the message that only highly literate and urbane people can work in a children's clinic.

C. Eschew referrals from physicians and welcome them from courts, schools, and welfare agencies, i.e., from agents of authority more feared than doctors and hospitals.

D. Take, but resent, referrals that are cool-outs from private practitioners. Justify your resentment on grounds that if the referred family had anything of worth about them the private practitioner would have held onto them.

E. Be purposely vague about your rules and procedures when you explain them to the referral source and to the referred family. Then turn around and convey to the poor family members, "How dare you not know? How dare you place your wants above our clinic's mechanisms, procedures, and policies?"

2. *Intake Tactics*

A. Personnel: Deriding the "medical model," have the child psychiatrist stay off the firing line as an intaker. Keep him in the background where medical people belong, ready to see some high-class patients. For the sensitive and crucial job of cooling-out at that zone on the treadmill called intake, we would prefer a social worker. This subtle bouncer ideally should be a person who means business in such a way that he or she could even dispense the "hard response." The hard response is flatly to tell the poor to go away. . . .

The clinic is to be sold during intake as a social agency that may not hit poor people where they live. Intake personnel should be stationed in offices behind desks, in order to show that the policy is, "Don't call us; we'll call you. You come here, and on our terms." The overall mission of intake personnel is to achieve output or extrusion as they deal with impoverished families.

B. Conversation:

1. Portray psychiatric work as the commencement of an extra long voyage, nudging them all the while to cancel their reservations.

2. Allude to the waiting list, saying in effect, "With problems such as yours you can certainly wait a while longer. The wolf (insanity) is hardly at *your* door. After all, what's so urgent? Nobody's headed for the state hospital, it seems." Naturally the cooler doing intake should always add, "How do you feel about waiting?"

3. Talk to the poor about the clinic's money. Discuss the sliding scale for fees, giving most voice volume to the top fee. While you talk of *your* money, *do not* talk of the poor person's money in any direct fashion. But stress your premium on "social functioning" in such a way that economic failure is rubbed in.

4. Explain gently how "Some people just don't make it in adjusting to clinic demands. But there is no cause for ill will: for some people are just not made for the way we work. Some people drop out before we get started." The aim in all this is to raise the spectre of failure while showing that failures are only apparent, not real. Failures are portrayed as more like inborn miscalculations.

Intake, in short, is an ideal point for unnerving and cooling out. If done cleverly, poor people's feet will get cooled to the point where it can be said, "They got cold feet and left." Intakers as coolers must listen without listening, in a sense. They must, regardless of poverty and anguish, gather the needed data and impart an orientation to the reality of the clinic style. If that style is not for the poor, then, of course, in a milieu of such freedom, washing out is the "free choice" of the poor patient.

The cooler during intake stands at a truly unique vantage point: he can capitalize on the alienation and helplessness of the poor, who in a time of psychic need must turn to a high-class stranger.

3. *Diagnostic Tactics*

The slogan here is: Get their number and assign it a low priority.

A. The first prescription during the clinic's diagnostic study is as follows: Place the economically impoverished family in a room together, behind a one-way mirror, and watch them perform a task together. Multiple-problem slum families might be given tasks such as:

- Discuss how you as a family would like to spend your vacation.
- Discuss this statement: A rolling stone gathers no moss.

Show them that they are as monkeys in a cage, in a state of psychic undress, being observed by Scientists (not being loved by Helpers). Put the entire family on the spot, setting the tone of expectation that he who enters here will be observed and unnerved.

B. The next diagnostic procedure for cooling-out: Throw a "team approach" at the deprived family, assuming that they know with Otto Rank the value of separation and individuation.

C. Begin with *testing* the child. Check out his worth in a provocative setting reminiscent of past failures and invalidations of his worth. The child will discern that Achievement counts more than humanity, that his Performance is always under scrutiny, and that he will be on a hot seat here.

D. Begin the parental interview with a report on one of your astute observations of their interaction with their child; for example, "I notice that you helped your son take off his coat." Thus mystified and terrified the parents will cool out quicker.

E. Show the child around the clinic building with its jail-like arrangement of doors off corridors; its bordello-like preponderance of painted up females; its intricate and expensive toys, dictation technology, etc. All this will enhance his feelings of difference and estrangement.

F. Refrain strictly from visits to the home of the poor family; and be discreet and aloof should chance social contacts ever occur.

4. *Sharing of Findings Tactics*

A. Refuse to share findings directly with the parents before they leave the diagnostic sessions. Instead, communicate your findings through a third party such as the juvenile court, school, or referring doctor.

B. If outright refusal is not feasible, then use technical terms liberally. "Phobia," "psychosomatic," "neurotic," and "anxiety" are words that clinic people and other middle-class people know, in general, quite well. . . .

The cooler's aim in pulling rank is to mystify the family about the seriousness of their problems. Talk in circles. Evade concrete estimates of time required and probable outcome. By these techniques the cooler can send the parents out with the feeling of having sinned they know not how.

C. Present alternatives to psychotherapy to the underprivileged family. Tell them to go not to the clinic but to a family service agency or to the department of public welfare, or even to an analytically oriented Boy Scout leader. Goffman alluded to this maneuver with examples of the honest cop being transferred to a lonely beat and the overly zealous priest being encouraged to enter a monastery. As a result of this sidetracking tactic, no face is lost by the mark but he is cooled out decisively. An alternative that could be provided in good conscience within the walls of the clinic would be special education tutoring or even casework services, speech therapy, or group therapy.

D. Eric Berne again has described a masterly tactic to be used when the mark gets hostile: start playing the game But I Am Only Trying to Help You.

E. If all efforts at diversion, distraction, derailment, and disengagement fail, then the cooler can offer "a trial of psychotherapy." Coolers must be vigilant against offering psychotherapy, and take care to offer a trial of it.

F. Assign low status personnel to do the trial of psychotherapy. Beginners and students should be the therapists, or coolers, who function as agents of consolation to the poor.

5. *Continuing Therapy and Termination Tactics*

Remember that therapy with poor folk is focused upon ending psychotherapy, upon amassing evidence that the poor are untreatable, unmotivated, and uninteresting as patients. Be alert for termination bids, and if these are feebly phrased the cooler must aid the poor in articulating their Resistance to Psychotherapy. Help them to ask more eloquently to stop psychotherapy. Attack them for missed appointments (heedless of the distance that they must travel, that when they miss work they are unpaid, etc.) by Interpretation of Resistance or by playing the game Look How Hard I Was Trying. . . .

COOLING-OUT SUBSTANCE

Certain distinct and recurrent features of the cooling out process stand out as we have depicted the clinic operations in sequence. A substantive resumé of cooling-out tactics is in order now:

1. *Avoidance of standards* (as in the numerous occasions for being ambiguous—at referral, intake, and sharing).

2. *Use of status differential* and strangeness as a device for intimidation (no home visits, highbrow vocabulary, etc.).

3. *Use of Great Spirit of Inquiry* as a device for intimidation (exposing all, making vulnerable, and other "coldly rational" dehumanizing tactics).

4. *Use of probationary status* (stating everything tentatively; prolongation of intake, waiting list, and diagnostic workup; and, finally, the pessimistic offer of a mere trial of psychotherapy).

5. *Hard refusal* (outright rejection, after "evidence" has been gathered, during intake or diagnostic phase or after a trial of psychotherapy).

6. *Gradual disengagement* (as in the concealment of cooling out by sensitive attending to all terminating bids, etc.).

7. *Sidetracking* (as in referral to "another more suitable agency").

8. *Agents of consolation* (as in having the poor seen by low-status "personnel" such as residents, social workers, special education teachers).

9. *Objective denial* (as in "the record shows you are not making it," etc.).

It is likely that additional maneuvers for cooling out will emerge as the theory is applied further, but these sum up the tactics known presently to the authors.

radical overview of community psychiatry

--ken locke

Ken Locke is an associate editor of the Radical Therapist.

The individual must be fashioned by techniques, either negatively (by techniques of understanding man) or positively (by the adaptation of man to the technical framework), in order to wipe out the blots his personal determination introduces into the perfect design of the organization.[1]
-- Jacques Ellul

Almost from its inception, Community Psychiatry has been a partnership of two distinct professional roles, the Adaptor and the Ombudsman. The Adaptor directs himself toward efficient delivery of mental health services to a relatively fixed population designated as mentally ill. His prototypical target is the chronic schizophenic whose decompensations he tries to prevent. Failing this, he tries to avoid the 'social breakdown syndrome' by rapid, though graded, release from the mental hospital into the community.

The Ombudsman, on the other hand, deals not with patients but with other professionals --administrators, clergymen, teachers, policemen, etc. -- who populate the community support agencies and care-taker institutions. His goal is to humanize and modulate these various agencies, thus increasing their ability to effect social harmony within the community as a whole.

Although these two professional roles (and their respective disciplines) have separate historical roots, they have intertwined to form the main trunk of Community Psychiatry today.

1. Prologue to Action for Mental Health

During the course of World War II, 1,767,000 draftees were rejected for neuropsychiatric reasons. This figure, alone, was testimony to the deplorable state of America's mental health system. Private psychoanalysis consumed the bulk of highly trained manpower ministering to a small number of educated rich while hundreds of thousands of predominately lower-class 'patients' idled away in massive State mental institutions. Mental health services were spotty, redundant and uncoordinated, while preventive psychiatric services were nowhere to be found. The mental health delivery systems had demonstrably failed to deliver mental health to the mass of Americans. Something new was needed.

The 1950s saw a debate among mental health circles regarding the nature of this new something. From beginning to end, however, this process moved by professional prolixity rather than through organic participation of the people. This was a job for experts. By the latter 1950s, the professionals were reaching a concensus: the new thing was to be a new institution, a Community Mental Health Center. This new institution was to be erected throughout the communities of America, and would cost perhaps several billions of dollars.

Now began a new phase: the battle for public monies. Spearheading the campaign was a small, tightly-knit pressure group, the Mental Health Lobby. Its focus was Congress, and its membership was mainly three types: 1.) enlightened, prominent professionals of the mental health field, 2.) progressive government officials and representatives, and 3.) well-to-do laymen involved in the mental health 'cause.' The National Institute of Mental Health became the Health Lobby's principle benefactor as well as its beneficiary. Thus structured, the entire apparatus began to gear up for its task: to sell Community Psychiatry to the ruling class as a 'bargain.'

2. The Selling of Community Psychiatry

As the Lobby worked upon its pitch, the American economy was still riding the post-war boom, prolonged by the Korean War. Middle-class America was entering the baroque phase of its journey toward the American Dream, the core of urban America began to necrose. The indices of social alienation and unrest -- juvenille delinquency, drug addiction, racial tension -- were swelling upward. Concurrently, pioneering studies began to link mental illness and poverty.

Rather than placing poverty within the total context of American social order, however, these studies increasingly zeroed-in on the poor. They found such anomalies as matrifocal rather than partifocal family structures, 'now' rather than 'future' orientation, and shame- rather than guilt-provoking child rearing practices. In short, they uncovered a Culture of Poverty which helped 'explain' why the poor were so resistant to the emollient of the Affluent Society. The poor were not so much oppressed as suffering from a cultural neurosis.[2] But who could help them and how? Enter: the Community psychiatrist.

While the ruling class was casting about for a remedy to growing 'sociopathy' and anomia, the Lobby pressed its campaign. THINK of the mounting costs to society of poverty's congeries -- juvenile delinquency, drug addiction, schizophenia, crime, etc. Now think of an ounce of prevention: COMMUNITY PSYCHIATRY. And ALL without fundamental change in our institutional profile. ALL at a fraction of the cost of, say, rebuilding our cities. COMMUNITY PSYCHIATRY: ultimately quite a bargain. How could any ruling class resist?

The tide began to shift; the campaign had converted important people to its side. In 1963 the battle for Congress culminated in the 'Community Mental Health Centers Act.' Here follows the golden age of the Community Adaptor and the Ombudsman.

3. The Erection of Technocracy's Purgatorio

The first task for the Community Adaptor was to hollow out his realm from the traditional institutional sheres of interest (and dis-interest). In the center of his realm stands the Community Mental Health Center, and spiralling out into the community are rehabilitative elements like day-care units, half-way houses, and sheltered workshops. The entire system is a Remedial Community which functionally duplicates -- in low key -- the Real Community.

The Adaptor has compiled an eclectic philosophy pulled from the neo-freudians, the general adaptation syndrome, vocational rehabilitation, and many more. Yet, the admixture is distinctive enough to deserve its own name: the 'coiled-spring' conception of man. This model perceives the environment solely in terms of quantitative concentrations of stress. Within this stress-field, man adapts much like a coiled spring. The compression (inner tension of the coil varies as a function of the pressure (environmental stress) applied to it. Moreover, the plastic strength of human coils tends to vary along a bell-shaped curve. The Adaptor deals with those coils which have been over-come by the stress of his environment. He takes them into his Remedial Community and sets them in an optimal stress-field, i.e., a sliding set of social roles which engenders neither decompensation nor indolence.

Through the eyes of the Adaptor the Real Community and his own Remedial Community are reduced to varigated patterns of differential stress. His task is to organize the stress-quanta within his Remedial Community such that a stress gradient emerges. At one end of the gradient is intensive in-patient care (very low stress). The other end articulates with the lowest stress roles offered by the Real Community. Across this gradient the coils are aligned according to their capacity to absorb stress. The system is remindful of Dante's Purgatorio, with struggling souls strewn along progressive levels of repentance. When a soul rises to a new level, there are shouts of 'Gloria in Excelsis Deo.' He is one step closer . . . to being readapted to the technical framework. And for those souls who are too defective for this journey, the Inferno of the State Mental Hospital remains.

4. Technocracy's Morale Booster

During the War, Army psychiatrists noted a relation between the 'morale' of a given unit and its incidence of battle fatigue and conversion symptoms. A similar phenomenon was found by therapists who were venturing into the new field of group therapy: symptoms of all variety seemed to wax and wane in sympathy with group tensions and conflicts.

By the early 1950s, some psychiatrists were already formulating mental illness in terms of society's conflicts. These early essays, however, were hindered by reductionistic conceptions of social phenomena. With the advent of systems theory, however, psychiatrists found a tool with which to bridge the psyche with its milieu. The phenomenon of morale could now be analysed. Two types of schools were spawned: a mercenary school of 'social scientists' who helped corporations deal with their morale problems and a humanitarian school which helped society, i.e., the ruling class, with its morale problems. The latter school is the Community Ombudsman.

The Ombudsman is a dispassionate trouble-shooter whose job it is to humanize the function of society's 'caretaker' institutions, e.g., welfare and police departments, court and probate-penal systems, and education institutions. Although he is typically invited into the agency by upper echelon officials, the consultant carefully steels himself against over-identification with that (or any) organizational level. His job is to understand the sociodynamics of the system and psychodynamics of crucial members in that system. His efforts are directed to quell destructive 'sets' or stereotypes, eliminate communication blocks, and in general, secure the agency's affective body so that its instrumental arm can go about its task unhampered. The ideology which underpins Ombudsman Mental Health is pragmatic, liberal reformism. The deep currents of social violence and alienation in America are diagnosed as stemming from communication interference and a lack of social trust and dialogue. For example, APA President Raymond Waggoner is reported by Frontiers of Hos. Psych. (Jan 1, 1970) as stating that: ". . . psychiatry should use its interpretive and communicative skills to help bridge the gap between the discriminated and alienated, on the one hand, and 'the establishment,' on the other. Unless a reconciliation occurs, chaos will prevail." In effect, the Ombudsman has merely projected Freud's structural concept of the psyche onto a societal plane: The masses represent the irascible Id; the establishment is the rigid Super-ego; and the Ombudsman is the ego (i.e., Reason, itself) which moderates eternal struggle between the other two.

Finally, by helping resolve the organizational 'hang-ups' of society's care-taker institutions, the Ombudsman merely relieves the more glaring inhumanities while it leaves untouched the more insidious devitalizing aspects of American institutions. The Ombudsman helps the school system to more effectively crank out spiritually dessicated graduates; the police to more subtly occupy the ghettos: the courts to more humanely neutralize society's rebels. In short, he helps render the American institutional system more palatable – though no less toxic – to its disadvantaged victims.

5. The Made World

If one draws two concentric circles and labels the inner circle, Remedial Community, and the outer one, Real Community, then the inner circle is the realm of the Ombudsman. Ideally, the periphery of the Remedial Community shades imperceptibly into the Real Community. For example, a sheltered workshop should be functionally similar to a Real workshop and Real employers should be integrated into the health system as an end-point, i.e., a goal. In the Real Community, on the other hand, the Ombudsman is busy harmonizing diverse factions and making the Real Community a little more 'therapeutic.'

The Adaptor and the Ombudsman work together like two blades of a scissors. The Adaptor helps the particular casualty of the Real Community called 'patient' to rapidly re-enter the Real Community. The Ombudsman helps those casualties called addicts, criminals, disadvantaged, etc., to be better 'understood' by the servicers of the Real Community. Thus, both aspects of Community Psychiatry work toward a harmony between the Real Community and the Remedial Community and between the individual and technocratic society. Just as the modern corporation has become (in Roszak's words)'. . . public authorities concerned with rationalizing the total economy'[3] so Community Psychiatry has become the public authority concerned with rationalizing the total culture.

Thus, although Community Psychiatry appeared in the beginning as a counter-movement to traditional psychiatry's cloistered elitism, in the broader context of society, it is anything but a counter-movement. Community Psychiatry has brought traditional psychiatry into step with the modern Age of Technocracy. But in the words of E.E. Cummings: 'a world of made is not a world of born.'

1. The Technological Society (New York: Knopf, 1964) p. 138.

2. See Richard Titmuss, 'Poverty vs. Inequity: Diagnosis,' Nation (Feb 8, 1965).

3. Theodore Roszak, The Making of a Counter Culture (New York: Anchor, 1969) p.18.

the man and woman thing : esalen

--roxanne dunbar

Roxanne Dunbar is working with the Southern Female Rights Union in New Orleans. The following is excerpted from a longer article which appeared originally in No More Fun and Games.

Just what is Esalen, and why is it receiving free advertisement in the major magazines and on TV talk shows? The publicity is not coming from notoriety, but rather the reverse. Dr. William Schutz, a onetime consultant for RAND Corporation is the chief mover of the Esalen operations, including its publicity. His book, Joy, Expanding Human Awareness, is a best seller. What he says makes sense. Who can deny the value of joy, sensitivity, awareness? The words are absolutely unobjectionable. The book jacket blurb describes the book thus: 'He (Schutz) demonstrates how, in special surroundings removed from everyday activities, one can develop a more integrated personality, deeper consciousness, and greater physical and psychic powers. Through group thinking, talking, touching, hugging, and acting out life-situation, one can transform suspicion into trust, hostility into love, and dullness into awareness.'

Groups like Esalen have 'sprung up' (actually formed by psychologists) all over the country. Clearly there is a problem of alienation in Emperial American society. The people are isolated into tiny units, often actually solitary, always powerless. They are not correctly informed as to what 'their' government is doing in their names. Their only connection with reality is the television which cans presentation, programming its viewers to the official government policies. They are told about all the problems at home and abroad, making clear to them that the American people are sacrificing and fighting a war of liberation (for ten millionaires) abroad, and at home these same people are told that they are violent racists (by the media and politicians). Occasionally, they are allowed to vote. Then all the TV newsmen make it sound as if they have made a choice, and they feel proud that they have the right to vote, and how lucky they are to be free Americans. From the same television, they are informed about the poor lives people live in other societies, with horrible dictators like Castro, Ho Chi Minh, and Mao Tse-Tung.

The people live in couples with a couple of children usually. Life is hectic time-consuming, but essentially boring. Alcohol, tranquillizers, and pain-killers are essential parts of it. A couple usually has several other couples for friends, and a degree of honesty exists between them, sometimes a little sex. They seem more than anything to bolster one another's egos. They seem always just on the edge of panic.

Esalen proposes to refine this situation, 'rationalize' it, program it, propagate it. We know things can be made to work that have no function; most of the space-age garbage are toys or tools of destruction, not machinery for human welfare. Esalen is a space age game, but one should not underestimate the power of a game. Esalen proposes to make marriage, the family 'work'.

Young couples, who are trying to make their marriages work, are very defensive of the institution. Even when they admit its many faults, they are convinced that it is the only way to avoid loneliness and insecurity and even terror--especially the women. The men need a built-in housekeeper, and mother of their children. They also need a buffer for their relations (business and personal) with other men. Esalen was created for these people--the ordinary White American.

Esalen is not interested in human relations. Esalen is a counter-revolutionary institution, which plans to replace or become the glue for the crumbling institution. There is movement in this country for change, even among the white folks. There is little reality in the human relations in this society, and least of all in marriage. Ask the children what they think of the institution which supposedly exists for their upbringing, their benefit. All the love between 'Man & Woman' in the world will not make that tiny unit any less lonely, any less perverted to the child who is raised within it. Surely ghetto children, raised on the streets, are psychologically better off and closer to reality than these poor children of the clerical working class, so often referred to as the 'middle-class' even by leftists.

Esalen is not an objective interloper simply trying to open people up to others, to sensitivity, to reality--like to the War, to poverty, to American abundance based on the starvation of non-Americans, to assassinations of popular leaders (the Kennedy's, Martin Luther King, Malcom X) by the CIA (whose counter-insurgents receive their information from RAND Corporation, Schutz's organ). In fact, Esalen induces its participants to look inward, to solve their 'personal' problems with their marriage mate, or to get married and reach fullfillment therein. Such a project in this society, or in a world in revolution, is not even theoretically possible of working out, but it is enough to keep people busy and mislead for a long time, and most important--on the wrong track.

It is no accident that Life and Look give dozens of pages of free advertisement to Esalen. The media is the propaganda machine for the corporate structure that is the political-economy of this country. Every single real feeling, word, and idea that has emerged from the movement has been perverted and used by the system to further imprison the people in this society. A contingent of vipers feed off the naivete of 'the people', and the people identify with their enemy--the corporate managers. Even radicals often think they have achieved a coup when the media picks up on their message.

Women are particularly the victims of the machination, programmed as we are to be wife, mother, childbirth expert, sex object, career woman, stay-at-home, mechanic, chauffeur and yet offered as the stylistic model a mod, free jet-setter. What this does is keep her buying things which symbolize those roles, since playing all of them is impossible, and buying things that symbolize freedom like bright colored clothes, jewelry, etc. She is coddled as a consumer, and feels flattered. She finds her reality, her identity in fantasy.

Men, too, are completely manipulated by the system from birth, and constantly reprogrammed by the media (including the 'underground' media), which uses their sexual hangups to the fullest, to keep them in the role, and to cover up any holes in it, but mainly to get them to buy the product which will create the right facade, and remain powerless. Now they are told that if they do not continue to play the phony role, and improve upon it (really believe it), they will be exterminated.

The most sickening aspect of Esalen propaganda is its assumption that men and women will be approaching each other as equals. Women are incredibly oppressed in this society (men playing the oppressive role very well, albeit programmed for it). The inconsistency of their husbands is perhaps the least of their problems, though 'catting' certainly symbolizes their helplessness. Having to wear a mask, a disguise, the garb of honor for a professional actor or a clown, is humiliating to women, and psychologically damaging. Having to speak and behave like an artifice, and being programmed for 'lightweight' information, women are retarded by society. They are damaged in America by these physical bonds as surely as the women of China were made cripples by their feet being bound. It is unfortunate for the Bourbon Slave holders that Rand technology was not developed a century earlier so that African Slavery could have been programmed under the heading 'The Master & Slave Thing'.

Esalen has little to do with the liberation of anyone. Esalen offers opportunities to an excess of poorly trained sick psychologists, and a new class of entrepreneur space age vipers, and a government which must keep its slaves occupied with nothingness and mindlessness (1984 style), so it is not questioned, and an economy which would collapse without war and excess consumption of objects which never fill the gaping hole of terror and hopelessness which lies barely under the consciousness of every American.

ins research and the abm system

--david koulack

The following article is printed as submitted. Questioning the ethics of INS research is appropriate, but INS is already a fact. David Koulack suggests that the military, commissioning research from the therapy sciences, suppresses the results while pursuing its policies. David Koulack is with the Department of Psychology, University of Manitoba, Winnipeg, Canada.

Recently, Edward Teller challenged the argument that the deployment of ABM's could be considered provocative by other nations. Testifying before the United States Senate's Foreign Relations Committee, he said, 'The claim that defense is provocative hardly seems logical.'

Yet, although by no means conclusive experimental evidence from Internation Simulation Research (INS) seems to indicate that such 'defensive' acts are indeed provocative.

Internation Simulation Research

INS is a relatively new technique for exploring the effects of complex constellations of variables that arise in the course of interaction between nations. Much recent INS research has been done under the sponsorship of various branches of the United States Military; and as a consequence, detailed descriptions of experimental paradigms and results are not available to the general public. However, it is possible to extrapolate, on the basis of abstracts and summaries of research, information which casts some light on the possible effects of the development of an ABM system.

The basic INS paradigm involves the establishment of a miniature 'world'. The world can be composed of any number of 'nations' which in turn are manned by a number of individuals in positions analagous to offices such as the head of state, the minister of defense, the leader of the opposition party, etc. Each nation is appraised of its economic situation, its developmental capabilities, its military strength (both conventional and nuclear and its relationship to the other nations prior to the start of the simulation. The simulation is conducted in periods, each period representing a predetermined length of time (a month, a year, etc.).

As 'play' progresses, the governments of the nations make various decisions related to their nation's well-being. The decisions might have to do with the internal economic development of their country or the initiation of economic or military alliances with other nations. The consequences of their actions relative to the internal state of affairs of their nations are determined by computer. For example, the decision to invest money and resources in an armaments race will have consequences both in terms of economic structure and the resultant feelings of the nation's people.

Naturally, the maneuvers of the government of any given nation will have effects on the leaders of other nations operating in this interdependent world. These effects can be assessed in two ways: 1). accounts can be kept of subsequent manipulations such as alliances and arms development of other nations and 2.) the leaders can be asked at any given moment how they perceive the actions of a particular nation. Thus it is possible to take both a behavioral and psychological account of the effects of the actions of different nations on each other.

The Validity of INS Research

Of critical importance in any research, but especially research with such potentially profound implications, is its salience to reality. One way of examining the salience of INS research is to see if it is possible to duplicate an historical event with a known outcome.

Charles and Margaret Hermann reported such a study in 1963. They utilized historical material collected at the Stanford Project for Conflict and Integration to try and duplicate, in a miniature setting, the conditions that existed in 1914, just prior to the outbreak of World War I. Nations were structured after the principal European countries as they existed in July, 1914, and there was an attempt to install individuals with personality characteristics similar to those of the decision makers of those countries in comparable positions in the miniature world. The situation was presented to the participants in a futuristic manner with fictitious nation-names to prevent identification of the actual historical setting from which the simulation was drawn.

Although war did not break out in the simulation runs, there was some agreement with historical reality. Throughout one of the simulation runs (M), alliances held firm and it was the considered opinion of the experimenters that if there had been one more simulation day, war would have been declared. The other simulation run (A) saw Austria-Hungry withdraw her ultimatum to Serbia. However, this development might be accounted for by the fact that the individual chosen to represent Conrad (chief of staff) 'revealed pacifist tendencies' (Germann and Hermann, 'Validation studies of the Inter-Nation Simulation,' 1963, p.13).

More impressive, perhaps, were the results of the content analysis of the messages exchanged in the M. run. They revealed no significant differences from the content distribution of the actual historical event, that is, the messages exchanged during the simulation paralleled those which were actually sent in July, 1914.

Although by no means conclusive, the results of this study suggest that INS research is relevant to real world situations.

INS Research and the ABM System.

Of particular relevance to the possible effects of the ABM system is the study of Crow and Raser on the 'The Capacity to Delay Response: Deterrent Effectiveness of a Weapons Posture.'

'The central hypothesis of this study was that a nation's known capacity to delay response (CDR) to a nuclear attack increases the stability of a deterrence situation. A nation with an invulnerable retaliatory capacity can gather and evaluate information after it has been attacked, and can thus more effectively choose the nature and timing of its response' (Solomon, in Sperrazzo (Ed.) Psychology and International Relations, 1965, p. 45).

'The Crow-Kaser study was designed to examine the effect of this know option (CDR) upon international perceptions and relations.... Contrary to expectations, (they found) that when one nation gains CDR, intended strategic wars occur more frequently and are of greater magnitude, primarily because the CDR nation itself tends to start wars; CDR increases both that nations' perceived strength and the amount of threat it represents' (ibid, p.45).

Thus, the results of this study suggest (contrary to Teller's opinion) that the ABM system, which in fact represents a capacity to delay retaliatory response, might have provocative effect at an internation level. Furthermore, the findings of this study obtain some face validity on the basis of recent international events. It might be argued, for example, that the polaris missile system already represents a degree of CDR for the U.S., and it has been uder the polaris protective blanket that the U.S. has instigated and/or engaged in several strategic wars of which the Dominican Republic and Vietnam situations are two obvious examples.

Thus it would seem that the prognosis for the future, taking into consideration both the results of the Crow-Raser study and the actions of the U.S. in recent years, after the installation of the ABM system, is for larger and more frequent premptive wars on the part of the U.S., with a concomitant increase in international tensions.

how revolutionary is a journal?

How radical is a journal anyway? This question confronts the RADICAL THERAPIST at its inception. In a McLuhan age, the medium is the message; and the printed word clearly aims at a literate elite which constitutes a danger for any radical enterprise. And yet, journals are often necessary and effective instruments for clarifying issues and rallying support.

The influential media in this society are TV, radio, the daily press, and schoolrooms. Through them, the bulk of the population is socialized and instructed; and thus they are heavily controlled and censored. A small radical journal aimed at a narrower readership scarcely merits censorship (unless it is obscene). From the start, it is assumed to be ineffective in creating change in the larger order.

Thus, the RADICAL THERAPIST runs twin dangers of being both elitist and ineffective. It is crucial to acknowledge this position, so that we can work towards being popular and productive instead.

This is why these pages are open to everyone: to all people concerned with therapy systems and 'mental health' care. With a broad base of experience and support, the RADICAL THERAPIST can meet its goals. We appeal to therapists from all disciplines, as well as to community activists, female liberation workers, clients and 'patients', educators, ecologists, artists. Each person's help strengthens us all.

We know too the dangers of endless talk. We hope to inform and arouse our readers, to clarify basic issues for them, and thus to bring them together for more effective social action. In these aims, a journal can serve a radical function.

How effective we are depends on our readership. We intend to publish the most relevant material we can find towards a redefinition of therapy in this society. But to be effective for further change, we need our readers' support and reactions, as well as pertinent articles submitted to us from various sources. This is the invitation we extend you as we begin publication.

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